# *STRENGTHENING VOCATIONAL REHABILITATION:*

# *A Vocational Rehabilitation Program Review*

*A discussion paper for consultation*

*March 20, 1992*

TOGETHER WE'RE GOING TO WORK.

Workers' Compensation Board
Commission des accidents du travail

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# *Introduction*

A primary focus for the workers' compensation system in the 1990s must be to enhance vocational rehabilitation (VR) and re-employment efforts to ensure, to the fullest extent possible, injured worker reintegration into the workplace. Board administrators, workers and employers must explore new and better ways to facilitate injured workers' return to work. Given the current depressed economic climate and the large population of injured workers who are receiving workers' compensation benefits and are unemployed, developing vocational rehabilitation initiatives to support injured workers in securing jobs is a challenge and a necessity. Developing practical and concrete ways to achieve success is made even more challenging by the lack of objectively validated information in the literature and in other jurisdictions about what leads to successful vocational rehabilitation.

It is not only the Workers' Compensation Board that is concerned about vocational rehabilitation and the employment of disadvantaged workers. A proposal put forward in November 1991 by the Commissioner of Employment Equity, Ministry of Citizenship, suggests ways to address the employment of identified groups, one of which is persons with disabilities. The Minister of Skills Development announced a proposal in November 1991 for reform of the province's training system. Many other Canadian workers' compensation systems are also reviewing the provision of vocational rehabilitation services. In a restrained financial environment, each dollar spent on vocational rehabilitation must achieve its maximum effect.

This review of the Board's vocational rehabilitation programs, while recognizing the progress that the Board has made in meeting the vocational rehabilitation needs of its clients since the implementation of Bill 162 in January 1990 and the Vocational Rehabilitation Strategy in 1988, examines outstanding issues that must be addressed to achieve even greater success. Many of the principles of all of the Board's strategies have proven important to effective service delivery and have been supported by the literature. Using these sound basic concepts the Board has made some important achievements:

- The Vocational Rehabilitation Strategy lessens the impact of work-related injury and disease by helping the injured worker re-establish, as much as possible, his or her pre-accident earnings profile. The strategy strengthens the Board's focus on helping the injured worker return to the workforce earlier and with greater success through timely access to vocational rehabilitation.
- Early vocational rehabilitation intervention now occurs in every case. As a result of statutory changes arising from Bill 162, an injured worker receiving workers' compensation benefits is contacted by the Board 45 days after his/her claim has been registered to assess the need for vocational rehabilitation services. If those services are not initiated at that time, the case is reviewed every six weeks thereafter. All injured workers who can benefit from and are in need of vocational rehabilitation services are assessed and offered such services within six months. This requirement promotes early medical recovery of the injured worker and an early return to full activities and employment.

- Both the re-employment provision of Bill 162 and the Board's Vocational Rehabilitation Strategy seek to facilitate the worker's early return to pre-accident employment. The strategy seeks to encourage a shared partnership among the worker, the employer and the Board in an effort to return the worker to pre-accident employment. A vocational rehabilitation plan is developed with the active participation of all the parties. The plan contains specified goals and timeframes for achieving these goals.
- The integration of service delivery has occurred across the province so that claims adjudication, health care benefits adjudication and medical and vocational rehabilitation services can function together to provide more personal, prompt, coordinated and efficient service.
- The provision of medical rehabilitation is based on sports medicine principles which emphasize early intervention and an active treatment program. The program, approved and paid for by the Board, is offered at approved community clinics throughout Ontario. This approach has allowed injured workers early involvement in active treatment programs and ready access to a full range of assessment services close to their home community.

Despite these achievements there remain issues relevant to vocational rehabilitation that must be addressed. These include:

- *Evaluative analysis of vocational rehabilitation services:* Although the Board has in the past collected descriptive data such as caseload size, few steps have been taken to develop a data base that would enable evaluation of VR programs. While descriptive statistics can easily be misleading when attempting to define VR success, more emphasis must be put on enhancing evaluative knowledge of VR programs. Only a few jurisdictions attempted this task and Ontario has only recently begun such evaluation activities.
- *Increased involvement of workers, employers and unions:* While the Board in its Vocational Rehabilitation Strategy encouraged the active participation of the worker and the employer in the development of a vocational rehabilitation plan, the partnership among these key participants must be further developed. There is concern that the Board, through its well intentioned efforts, may actually be inhibiting the direct communication between workers and employers by acting as intermediary.
- *Use of training programs:* The Board must modify its traditional approach to training in an effort to prepare disabled workers to compete for jobs alongside non-disabled workers. Training programs that result in semi-skilled or low wage entry level jobs must be replaced by training that allows workers to upgrade and/or develop skills at more advanced and technical levels.
- *Labour market information:* The systematic analytical process for identifying job opportunities entails a careful study of labour market trends and projections – at both the industry and occupation level. Board vocational rehabilitation staff must become more experienced in using this type of information to better serve clients. Vocational

rehabilitation staff must have access to labour market information and must be educated about how to use this data and recognize its shortcomings.

- *Policy changes to make return to work easier:* Despite the wide variety of services available to injured workers under the current Vocational Rehabilitation Strategy, there remains a percentage of Board clients who still find it difficult to return to work. The Board's obligation to these workers also remains and methods of meeting the varied needs of these workers must be developed.
- *An employment equity initiative:* The Board recognizes that barriers to employment exist for injured workers. Workers with disabilities cannot compete on an equal basis while these barriers persist. The Board can promote the equitable employment of injured workers, both internal and external to the Board, through action–oriented and creative initiatives that address barriers and provide positive measures to remove these barriers.
- *Providing additional assistance to seriously impaired workers and workers injured prior to the coming into force of Bill 162:* Although the Board has numerous programs and services designed to assist injured workers with serious impairments, it is apparent that expansion of these programs could further improve the employability and/or quality of life for these workers.

These are the issues discussed in this Vocational Rehabilitation Program Review (VRPR). The review begins with an overview of what is currently known about Board clients and services. Beginning with Part 1, each chapter addresses an aspect of the overall program model that the Board believes Ontario's injured workers require to achieve vocational success. The recommendations that evolve from the discussion conclude each chapter. All of the recommendations are included in a summary at the end of this discussion paper.

A companion document to this paper has also been compiled. It includes a review of approaches taken in other jurisdictions both within the compensation context and beyond. The three evaluative studies which have aided the review process are also included. The three studies are: "Vocational Rehabilitation Follow–up Telephone Survey", "Vocational Rehabilitation Claim File Review" and "Speaking Out: What Vocational Rehabilitation Staff Tell Us". Additionally there is information related to training programs in international jurisdictions and a bibliography of literature that informed this review. This companion document is available upon request. A summarized version of this discussion paper is also available.

# *FRAMEWORK FOR REVIEW*

# *Chapter 1*

# *A recent Board history of vocational rehabilitation*

Vocational rehabilitation in the Ontario workers' compensation context has undergone fundamental changes in recent years. This chapter will briefly review the major influences since 1986.

## *The Ontario Task Force on the Vocational Rehabilitation Services of the Workers' Compensation Board*

On May 14, 1986, the Minister of Labour announced the formation of a task force to examine the rehabilitation services that were being provided by the Ontario Workers' Compensation Board. The task force was co-chaired by Maria Minna and Wally Majesky. It held 21 public hearings and commissioned 11 studies which investigated various issues in depth.

In its September 1987 report, the task force made a series of recommendations based on its formulation of numerous principles. Following are some of the ideas put forward by the task force:

- Rehabilitation shall be holistic – treating all aspects of the disability.
- Rehabilitation shall be the right of every injured worker.
- The injured worker shall be an equal partner in formulating a rehabilitation plan and carrying it through.
- Injured workers shall have the statutory right to reinstatement with the pre-injury employer at the same or modified job.
- Intervention shall occur no later than 30 days following a work-related injury.
- The Board shall develop a strategy to communicate with the public, seek feedback on program effectiveness and encourage program evaluation.

Almost five years later many of the principles espoused by the task force have been implemented either through policy or legislation.

## *The Vocational Rehabilitation Strategy*

In April 1988 the WCB board of directors approved a new Vocational Rehabilitation Strategy for the provision of vocational rehabilitation services. The strategy adopted many of the principles enunciated in the report of the Ontario Task Force on the Vocational Rehabilitation Services of the Workers' Compensation Board.

The new strategy was characterized by:

- an emphasis on returning the injured worker to an earnings profile comparable to what it would have been but for the injury
- assisting the worker to achieve the highest level possible in a hierarchy of objectives that had as its first level return to pre-injury job with the accident employer, and
- an emphasis on goal-oriented rehabilitation plans formulated in partnership among the injured worker, the employer, the treating physician and the Board

A detailed implementation plan was submitted to the board of directors in May 1988. It called for a phased implementation in which the strategy was to be tested in 1989 in three pilot ISUs. Work methods were carefully monitored and revised and Board–wide implementation was planned for January 1, 1990. As the pilot tests were in progress, Bill 162 was passed also with an effective date of January 1, 1990.

### *Vocational rehabilitation provisions of Bill 162*

Various sections of the new Act provide legislative support to the principles of the Vocational Rehabilitation Strategy. The key provisions may be summarized as follows:

- Early intervention
  - 45 day contact for workers who have not returned to work to identify the need for vocational rehabilitation services
  - offer of vocational rehabilitation assessment at six months for workers who have not returned to work
- Support for the principle of partnership
  - design of vocational rehabilitation program in consultation with the worker and, if possible, with the employer and the worker's physician
- Obligation to re–employ
  - provisions which, in most cases, require larger employers to re–employ an injured worker who had been continuously employed by that employer for at least one year prior to the work–related injury
  - confirmation of the hierarchy of objectives as outlined in the Vocational Rehabilitation Strategy.

### *The Vocational Rehabilitation Strategy and Bill 162 experience*

The Vocational Rehabilitation Strategy brought about a fundamental change in the way the Board delivers vocational rehabilitation services. Initially, the strategy was to be fully implemented over a period of 12 months. However, with the passage of Bill 162 which established many of the features of the Vocational Rehabilitation Strategy as matters of legal obligation rather than as matters of Board policy, the timetable for the implementation of the strategy was accelerated from late 1990 to January 1, 1990. To meet the legislative requirements of Bill 162, the Board was required to accomplish a significant amount of work within a very short timeframe.

It has been widely recognized that the coincidence in timing compounded the difficulties in implementing any legislative changes. A review of Bill 162 implementation based on detailed claim file examination reveals that 76% of post–Bill 162 cases sampled consisted of three or fewer contacts by vocational rehabilitation caseworkers. Nonetheless, 67% of cases sampled achieved a successful return to work with such minimal contact. Since extensive vocational rehabilitation assistance cannot be achieved in three contacts, it is reasonable to argue that these cases required minimal or no intervention, and that these workers may have returned to work without any contact from vocational rehabilitation

Board staff. Based on the results of the claim file review, possibly 38% of the post–Bill 162 sample may have been inappropriate file activations, perhaps attributable to mandatory activation practices implemented in an effort to comply with Bill 162. These practices appear to have precluded adequate pre–referral activity such as file review and/or contact with the injured worker to determine whether vocational rehabilitation assistance was warranted prior to activation.

While the file review of pre–Bill 162 cases indicated that a range of vocational rehabilitation services had been provided, the timeliness of vocational rehabilitation services for these cases did not appear to adhere to the principles of the Vocational Rehabilitation Strategy.

It was anticipated that the implementation of the Vocational Rehabilitation Strategy would, for pre–Bill 162 cases activated under the auspices of the strategy, result in shorter service time, more partnerships, clearer objectives, and comprehensive vocational rehabilitation plans processed more efficiently and effectively. The various studies addressing these issues however indicate that these results were not always achieved. This failure to achieve the anticipated results is possibly due to the large influx of newly trained caseworkers, lack of experienced technical advisors, as well as the introduction of many new policies resulting from the legislative amendment.

Further details of the information that the Board has obtained respecting these issues is discussed in detail in following chapters.

### *The Task Force on Service Delivery and Vocational Rehabilitation*

In November 1991 the Chairman of the Board announced the establishment of a Task Force on Service Delivery and Vocational Rehabilitation. The task force is chaired by Maria Minna and has two worker and two employer representatives, along with six–person regional task force groups representing each of the Board's seven regions.

The task force is consulting with stakeholders province–wide to gain their views and perspectives on how the Board should improve both its services and its vocational rehabilitation program for injured workers.

The report of the task force is scheduled to be ready in May 1992.

# *Chapter 2*

# *Profile of vocational rehabilitation clients*

A limited amount of evaluative research and study of vocational rehabilitation programs has been undertaken by the Board. Descriptive data has been available such as caseload size, number and type of service closures, and, in some cases, counts of certain services provided. However, it has not generally been possible to carry out analysis which links, on a case by case basis, actual services provided with the return to work outcomes experienced by injured workers.

For injured workers, the outcomes associated with the provision of Board programs and services should usually be described along the following dimensions:

- employment status
  - working/not working
  - accident/other employer
  - stability of employment
- extent of wage loss
- extent of medical recovery
- time to return to work, and
- maintenance of quality of life

It can be stated that generally Board systems have traditionally captured little of the above data. Special follow–up surveys are usually required to obtain this information.

The focus of this chapter is on "return to work" outcomes, as recorded by vocational rehabilitation caseworkers at the time of closure of vocational rehabilitation services. These data are recorded systematically for all cases. Traditionally, about 40–45% of service activations have been closed to employment. However, follow–ups with the injured workers are important to ascertain:

- the stability of the wages/employment, and
- the possibility that return to work occurs for those who were closed as "not employed".

The return to work percentage is sometimes denoted as the percentage of "successful" vocational rehabilitation cases, and there is a danger that this is the only measure used to assess the impacts of vocational rehabilitation services. It should be emphasized that "unsuccessful" closures often involve a substantial amount of caseworker effort and can include categories such as:

- retired from or left the labour force
- went back to school, and
- worker imposed limitation

# Table A

*Trends in vocational rehabilitation closures by return to work (RTW) outcome*

| CLOSURE YEAR | CLOSURES | | | |
|---|---|---|---|---|
| | RTW | | NO RTW | TOTAL |
| | No. | (%) | | |
| 1988 | 5,708 | (43.0) | 7,572 | 13,280 |
| 1989 | 6,525 | (42.6) | 8,797 | 15,322 |
| 1990 | | | | |
| • Pre–Bill 162 | 5,865 | (38.3) | 9,416 | 15,281 |
| • Post–Bill 162 | 1,695 | (67.2) | 827 | 2,522 |
| Total 1990 | 7,560 | (42.5) | 10,243 | 17,803 |
| 1991 | | | | |
| • Pre–Bill 162 | 3,999 | (30.9) | 8,943 | 12,942 |
| • Post–Bill 162 | 8,516 | (56.3) | 6,612 | 15,128 |
| Total 1991 | 12,515 | (44.6) | 15,555 | 28,070 |

## *Profile of closed cases*

### *Trends in closures*

As indicators of the impact of vocational rehabilitation processes, the 1988–1991 trends in the volumes of cases for which vocational rehabilitation service has been "closed," and the closure outcomes of the vocational rehabilitation service provided are described.

The analysis in this section is based on all vocational rehabilitation service *closures* for the years 1988 to 1991, augmented by the demographic, injury and other characteristics for each injured worker where available, using WCB claims statistical systems.

Table A provides trends for the *numbers* of successful return to work closures, and *rate* of successful return to work (RTW). It can be seen that the RTW rate has been fairly stable over the four–year period. However, it should be noted that a significantly higher number

of closures was recorded for 1991. This is consistent with the large increases in caseload volumes. Examination of these closures into pre– and post–Bill 162 claims suggests the following:

- Although the rate of RTW success has not changed much over the four years, there are significant differences when RTW rates for pre– and post–Bill 162 claims are compared.
- The rate of success for *pre–Bill 162 claims* has steadily decreased from 43% in 1988 to 31% in 1991, although the volume of active pre–Bill 162 claims has stayed relatively flat. This may result from a number of circumstances:
  - economy in recession in Ontario 1990/91
  - pre–Bill 162 claims are all at least two years old and therefore perhaps more difficult to reach vocational success
  - a significant portion of the active claims are s. 147(2) (formerly s. 135(2)) supplement recipients who may be at some duration in time since their original accident
- The rate of success for *post–Bill 162 claims* is extremely high: 67% for 1990 claims closed in 1990. In 1991, 56% were successful closures. These statistics suggest the possibility that the post–Bill 162 caseload has a higher proportion of easier–to–resolve cases. These cases are referred early and, in the case of 1990 closures, have had short durations of service.

  The most recent Vocational Rehabilitation Computer System management reports for November and December 1991 show that about 75% of all employed closures are to the *pre–accident employer*, and approximately 50% of employed closures are to the *pre–accident job*, a further indication of potentially easier–to–resolve cases.

  The rate of successful return to work for post–Bill 162 cases as a whole has decreased from 1990 to 1991. This is likely a reflection of the fact that the new system is not yet "mature." That is, the ultimate steady–state mix of easier and more difficult cases has not yet been reached.

## *Selected closure statistics*

The following selected statistics are based on 1990 closures of pre–Bill 162 cases. (The personal and injury characteristics of more recent claims are not available uniformly at the current time). The statistics reported are representative of relative differences in return to work probabilities for the various categories.

**Age**

| Age at Accident | Percentage Returning To Work |
|---|---|
| 16–23 | 53.2 |
| 24–34 | 53.1 |
| 35–44 | 46.2 |
| 45–54 | 32.7 |
| 55+ | 17.9 |
| Average | 42.5 |

**Industry**

| Industry Grouping | Percentage Returning to Work |
|---|---|
| Natural Resources | 35.0 |
| Manufacturing | 45.0 |
| Construction | 35.3 |
| Transportation | 42.3 |
| Trade | 44.2 |
| Finance/Services | 40.6 |
| Public Administration | 48.3 |
| Average | 42.5 |

**Occupation**

| Occupational Groupings | Percentage Returning to Work |
|---|---|
| White Collar | 49.5 |
| Sales/Service | 37.8 |
| Natural Resource | 36.6 |
| Manufacturing | 46.3 |
| Construction | 36.4 |
| Transportation/ Material Handling | 44.5 |
| Other | 42.7 |
| Average | 43.3 |

## *Factors leading to successful vocational rehabilitation closure outcomes*

The objective of Board programs, and in particular of the vocational rehabilitation programs, is to return injured workers to productive employment as expeditiously as possible, and at wages as close to their pre–accident levels as possible. An important overall evaluation issue for vocational rehabilitation programs would be the measurement of the effectiveness of vocational rehabilitation in comparison to cases in which no vocational rehabilitation services were provided. From a methodological perspective, this effectiveness issue is extremely difficult to analyze, because there are basically few similar "unserviced" cases for comparing. That is, it is assumed that most cases requiring vocational rehabilitation have been activated for vocational rehabilitation service.

Alternatively, however, it is possible to analyze the outcomes for cases in which service has been completed, and attempt to find demographic, injury and other characteristics which correlate to successful return to work outcomes.

This section describes the results of a detailed statistical analysis of pre–Bill 162 cases in which vocational rehabilitation service was closed in the years 1988 to 1990.

## *Caveats*

Again, the measure of "successful" vocational rehabilitation for the analysis reported here is taken to be a closure among the "Return to Work" categories.

The full results of the analytical work reported below comprise a "model" which predicts the probability of a successful, i.e. employed, vocational rehabilitation closure, given various factors such as sex, age, injury type, education, union membership, etc. It should be remembered that these results are based on, and are reflective of, the vocational rehabilitation system that existed in 1988–1990. One of the reasons for this restriction is that the Board has very detailed demographic information on a population of injured workers surveyed in 1989–90 (Economic Loss Census of Injured Workers). In addition, the aggregate of cases available for analysis constitutes a "mature" system with appropriate distributions of durations since injury, and length of vocational rehabilitation service. In contrast, analysis of post–Bill 162 claims is limited to injured workers whose accidents occurred no more than two years ago. However, continuing work is being done to apply this type of analysis to 1991 closures as well.

The model "mimics" the 1988–90 vocational rehabilitation system and will, by and large, measure success and failures in accordance with how the vocational rehabilitation system operated in those years. It will be seen that vocational rehabilitation successes under this system are somewhat coincident with pre–accident "labour market advantaged" categories. This analysis can, therefore, assist in the identification of factors/situations relating to less advantaged or "unemployable" groups in which the vocational rehabilitation intervention has not been successful, and thereby assist in the development of prescriptive approaches to vocational rehabilitation service delivery improvements.

### *Main results*

The modelling results confirm many common sense notions about factors which have led to a successful vocational rehabilitation intervention:

- The probability of return to work decreases markedly with age, decreasing by as much as 50% from age 30 to age 50.
- The probability of return to work decreases as clinical impairment increases and, for any given level of impairment, is significantly less for older workers.
- The probability of successful vocational rehabilitation increases with the injured worker's level of formal education.
- The greater the level of pre–injury earnings, the higher the probability of returning to work.
- Non–English speaking injured workers are less likely to experience success in vocational rehabilitation.
- In certain categories, male workers are more likely to experience successful vocational rehabilitation than female injured workers.
- Union members are more likely to return to work than non–union workers.
- Regional labour market factors are also significant.

### *Effect of early intervention*

The following table is based on all closures (1988 to 1991) available on Board computer systems:

| Service | Median time to start VR |
|---|---|
| Pre–Bill 162 claims | 18 months |
| Post–Bill 162 claims | 5 months |

One of the key principles in the Vocational Rehabilitation Strategy, and reinforced in Bill 162 is the benefit of early intervention. As can be seen from the table above, the Vocational Rehabilitation Strategy and the provisions of Bill 162 have ensured a dramatic decrease in the median time to activate vocational rehabilitation services. From an evaluation perspective, it is difficult to develop a methodology to measure the effect of early intervention, holding all "other factors constant." For example, it may be that easier–to–resolve cases are activated earlier, so that, from a methodological perspective, it would look like earlier intervention results in higher return to work rates. In considering which cases to analyze, focusing on post–Bill 162 cases will not help identify the benefits of early intervention because most are, in fact, activated relatively quickly. Thus, it is appropriate to focus on pre–Bill 162 cases to attempt to identify the benefits of early intervention.

In developing the model of factors leading to success described above, therefore, one of the explanatory factors also included was time to intervention (activation). The pre–Bill

162 cases were partitioned into earlier and later interventions. It was then attempted to correlate the same personal, injury, and other characteristics to the two sets of data and look for return to work differences for similar cases in the earlier/later intervention model results.

Further work needs to be done, but preliminary results, subject to the methodological caveats, indicate that early vocational rehabilitation intervention can increase the probability of return to work subsequent to the intervention. However, the caveats mentioned above make it difficult to estimate the magnitude of the effect with precision. The analysis to date also suggests, not unexpectedly, that there may be certain categories of workers for whom the probability of return to work will not be greatly affected by the timing of vocational rehabilitation intervention.

# *Chapter 3*

# *Profile of vocational rehabilitation services*

In this chapter, the results of three separate studies are presented. They all have an evaluative purpose to assess how the Vocational Rehabilitation Strategy has been working. The three studies include:

- a follow–up telephone survey of injured workers whose VR services have been closed
- detailed claim file reviews of injured workers whose VR services have been closed, and
- focus group interviews across the province with WCB staff who provide vocational rehabilitation services.

The first was part of a group of evaluative studies of VR approved by Management Committee in August 1991. The second and third were initiated as part of this program review. A summary of the methodology and results from these three studies are presented below. There are two important factors to keep in mind when reviewing the results presented in the first and second studies. The first factor relates to the nature of the research methodology; both the follow–up survey and the claim file reviews were conducted on a sample of the cases who received VR. To the extent that the samples may not be identical in all respects to the entire population from which they were drawn, results may differ between the sample and population. For example, the average duration on VR may differ between the follow–up sample and the entire VR population simply because the sample is only a subset of the population.

The second factor to bear in mind relates specifically to the return to work information reported in these studies. Return to work data comes from two different sources. Information is available through the Board's databases on the return to work outcome at the time of VR closure. This is the data on which the population results are based. In addition, self–reported return to work information was gathered in the follow–up survey. To the extent that the worker's return to work outcome differed between the time of VR closure and the time of the follow–up survey, differences in return to work rates will be noted.

Overall the results across the population and sample, and from the two different sources with regard to return to work outcome, are quite similar; however, to avoid confusion on the part of the reader, these factors should be remembered when comparing specific results.

## *Vocational rehabilitation follow–up telephone survey*

This section presents the results of the Vocational Rehabilitation Strategy (VRS) follow–up telephone survey conducted during late November and early December of 1991. The survey is one of several components of a VRS evaluation plan presented to Management Committee in August 1991. The activities outlined in that plan have been incorporated as a component of the broader Vocational Rehabilitation Program Review (VRPR). As an evaluation of this nature aims to assess the actual impacts and outcomes associated with the stated program goals, the follow–up survey focused on issues of return to work, restoration of pre–accident earnings profile, and the worker's employment

stability. In addition, the survey also addressed the issue of stakeholder satisfaction with VRS provisions and their outcomes.

## *Methodology and data sources*

The questionnaire developed for use in this survey focused on wages, jobs held since VR closure, opinions and expectations regarding VR services. In order to accommodate those respondents who were unable to carry out the survey in English, versions of the questionnaire were available in six other languages (French, Italian, Chinese, Portuguese, Spanish and Greek). On average, the questionnaire took about 22 minutes to complete.

A population of about 2,000 cases, approximately 400 pre–Bill 162 cases and 1600 post–Bill 162 cases, were identified through the Board's vocational rehabilitation database. Accident dates for the pre–Bill 162 cases were between January 1, 1986 and June 30, 1989. Vocational rehabilitation services commenced between July 1, 1989 and December 31, 1989 and closed in the last quarter of 1990.

The post–Bill 162 cases had accident dates on or after January 2, 1990 and vocational rehabilitation services were closed in the last quarter of 1990.

Random sampling methods were utilized to select workers for the telephone survey from the above population. Survey data on 170 pre–Bill 162 cases and 510 post–Bill 162 cases were merged with WCB systems data such as part of body injured, nature of injury, firm number, rate number and firm size to obtain additional information useful to the analysis, especially analysis of issues pertaining to reinstatement provisions.

A summary of the findings from three analytical approaches are presented below. In the first section, tabular data which reports the frequency distributions on answers to single questions, and selected cross tabulations, which link answers for a given question to the answer for another question, are presented. In the next section, the results of statistical modelling which relate the answers to many questions to a given indicator of interest are summarized.

## *Tabular analysis – summary of findings*

### Profile of survey respondents

The pre–Bill 162 and post–Bill 162 injured workers are fairly similar on the following characteristics:

- Gender
- Union membership
- Having dependants
- Marital status at time of accident
- Employed in Schedule 1 firms at time of accident
- Served an apprenticeship before accident

They differ somewhat on these characteristics:

- Education: larger percentage of post–Bill 162 cases had higher education
- Age: larger percentage of the pre–Bill 162 cases were younger
- Employed in construction: a large percentage of pre–Bill 162 cases worked in construction at the time of accident.

Overall the sample is fairly representative of the distribution of cases across the province geographically.

## VR contact and service

### Recalled being contacted by VR staff

- Pre–Bill 162: 82%
- Post–Bill 162: 59%

### Average duration of VR service

- Pre–Bill 162: 58 weeks
- Post–Bill 162: 13 weeks

### VR services received

Of those who could recall being contacted by a VR caseworker, the three most frequently mentioned services they received are:

- Pre–Bill 162:
  - received telephone call from VR staff (60%)
  - tested to determine what jobs are best for me (53%)
  - meetings to teach me how to look for work (39%)
- Post–Bill 162:
  - received telephone call from VR staff (65%)
  - VR caseworker arranged meetings with employers (26%)
  - tested to determine what jobs are best for me (21%)

### Appropriateness of VR services received

- Pre–Bill 162: 40% considered services appropriate
- Post–Bill 162: 62% considered services appropriate

### VR plan

- Pre–Bill 162: 25% recalled that a VR plan had been developed with them
- Post–Bill 162: 31% recalled that a VR plan had been developed with them

### Understanding of VR services

When asked if they thought they had a good understanding of what VR services were attempting to achieve:

- Pre–Bill 162: 30% indicated they had good or great deal of understanding
- Post–Bill 162: 40% indicated they had a good or great deal of understanding

**What did workers expect from VR?**

The following is a list of the most frequent responses:

- More education or training or skills upgrading (20%)
- Nothing (19%)
- Help in finding a new job with similar pay (9%)
- More treatment, medical therapy to help recover (9%), and
- To find a suitable job (9%)

More education, training or skills upgrading was an expectation that was much more prevalent among pre–Bill 162 cases than post–Bill 162 cases (32% versus 15%). More post–Bill 162 cases indicated they had no expectations of VR than pre–Bill 162 (23% vs. 8%). It is unclear if this response is due to lack of awareness of the range of VR services, or because the workers felt that they were not in need of VR.

**VR expectations met**

On a scale of 1 to 5, where 1 means "none of my expectations were met", and 5 means "all of my expectations were met."

Mean score on "expectations met?"

- Pre–Bill 162: 2.7
- Post–Bill 162: 2.2
- 54% of pre–Bill 162 cases responded 1 or 2
- 36% of post–Bill 162 cases responded 1 or 2

While post–Bill 162 cases indicate that more of their expectations about VR were met, overall the Board does not appear to be meeting workers' expectations in this area.

## Return to work probability

**Return to work outcomes**

The following tables show return to work outcomes for pre–Bill 162 and post–Bill 162 cases at VR closure (last quarter 1990) from the Board's VR database and from the self– reported return to work question from the survey.

| | At VR closure | |
|---|---|---|
| | Pre–Bill 162 Cases % | Post–Bill 162 Cases % |
| Employed | 36% | 71% |
| Not Employed | 64% | 29% |

**Self–reported return to work outcome as reported in the survey**

| | Pre–Bill 162 *Cases %* | Post–Bill 162 *Cases %* | All *Cases %* |
|---|---|---|---|
| Same as pre–injury job | 13 | 44 | 36 |
| Comparable work with accident employer | 5 | 8 | 7 |
| Alternative work with accident employer | 13 | 17 | 16 |
| Comparable work with another employer | 5 | 1 | 2 |
| Alternative work with another employer | 20 | 7 | 10 |
| Self–employed | 2 | 1 | 1 |
| Did not return to work | 42 | 23 | 28 |

Some caution should be exercised in interpreting these tables. Certainly it appears that post–Bill 162 cases are more successful in returning to work than pre–Bill 162 cases. However, three factors should be considered before attributing this outcome to the positive rehabilitation effects of the VR strategy. First, statutory requirements may have resulted in a substantial number of cases being activated in VR, where there was minimal need for actual VR intervention and services. These workers it appears would have returned to work in any case. Second, 23% of post–Bill 162 cases indicated they had no expectations of VR. To some extent this may be suggestive of their lack of need for VR assistance as would be consistent with an imminent return to work. Third, approximately 90% of the post–Bill 162 cases were "activated" in VR for less than 25 weeks, whereas all the pre–Bill 162 cases were activated for at least 35 weeks. These three factors together may be indicative of very different sets of cases in the two samples. Interpreting the high return to work rate in post–Bill 162 cases as causally related to the VR strategy may be imprudent.

**Number of jobs held since VR closure**

| *Number of Jobs* | *Pre–Bill 162* | *Post–Bill 162* |
|---|---|---|
| None | 42% | 23% |
| One | 58% | 77% |
| More than one | 12% | 6% |

Those post–Bill 162 cases returning to employment were more likely to stay with that employer than pre–Bill 162 cases.

Credit for assistance in returning to work

Of those returning to work 86% of pre–Bill 162 cases and 54% of post–Bill 162 cases recalled being contacted by VR.

When these workers were asked to rate the importance of VR in assisting them in returning to work on a scale of 1 to 5, where 1 means of no importance and 5 means very important, on average, pre–Bill 162 cases rated VR as 2, and post–Bill 162 cases rated it at 2.5.

Clearly, workers do not consider VR of great importance in assisting them to return to work.

When asked who was most helpful in assisting them to return to work, the following are the most frequent mentions:

| *Pre–Bill 162* | *Post–Bill 162* |
|---|---|
| – the worker him/herself | – doctor or other medical person |
| – a doctor | – the worker him/herself |
| – the employer | – the employer |
| – WCB VR Services | – WCB VR services |

**Work accommodation**

Accommodation of work or workplace to assist the worker to return to employment occurred more frequently in post–Bill 162 cases.

| *Most Frequent Mentions* | *Pre–Bill 162* | *Post–Bill 162* |
|---|---|---|
| Light duties | 41% | 51% |
| Flexible work schedule | 22% | 30% |
| Reduced hours | 21% | 25% |

**Reason for not returning to work**

For those who tried to return to their old employer but could not:

- 79% reported they were physically unable to do jobs available due to injury
- 16% reported they were fired or laid off
- 13% reported it was too difficult to travel to work due to injury

The reasons were similar for pre– and post–Bill 162 cases.

**Earnings**

The following table outlines return to work earnings for pre– and post–Bill 162 cases.

| | *Pre–Bill 162* | *Post–Bill 162* |
|---|---|---|
| Higher | 7% | 5% |
| Same | 49% | 77% |
| Lower | 44% | 17% |

## Satisfaction with VR services

Workers who recalled having contact with VR were asked to rate their overall satisfaction with VR on a scale from 1 to 5 where 1 was extremely dissatisfied and 5 was extremely satisfied. The following table outlines the responses.

| | *1* | *2* | *3* | *4* | *5* | *DK* | *Mean Score* |
|---|---|---|---|---|---|---|---|
| Pre– 162 | 27% | 14% | 27% | 12% | 8% | 12% | 2.5 |
| Post–Bill 162 | 18% | 9% | 22% | 15% | 18% | 18% | 3.1 |

Post–Bill 162 cases are more satisfied with VR services overall.

**Effect on quality of life**

- 94% of pre–Bill 162 cases indicated their injury has affected their quality of life, compared to 79% of post–Bill 162 cases.

Of those who have been affected:

| | *Pre–Bill 162* | *Post–Bill 162* |
|---|---|---|
| • Quality of life worse or much worse now | 87% | 79% |
| • Quality of relationships with family and friends worse or much worse | 59% | 38% |
| • Ability to participate in social or recreational activities worse or much worse | 91% | 83% |

**Eligibility for reinstatement**

About 50% of both pre– and post–Bill 162 respondents indicated they were aware that under certain circumstances workers had reinstatement rights with the accident employer.

Approximately 37% of both pre– and post–Bill 162 cases, who were aware of this right, indicated they had used the right to reinstatement in their attempts to get back to work.

This finding is particularly interesting given that pre–Bill 162 cases do not have legislated reinstatement rights.

## *Statistical modelling results*

A summary of key findings from statistical modelling is presented below. In comparison to the tabular analysis presented earlier, statistical modelling allows us to identify a number of significant factors simultaneously which affect the key indicators of interest, and to control for the effects of a wide array of influencing variables such as the demographic characteristics of the injured worker, the region of the province in which the worker lives, the part of body injured, the nature of the injury, as well as pre–accident occupation, industry and annual earnings.

The factors presented in the analysis here are those which have a statistically significant explanatory effect on the indicator of interest. Three indicators of interest are considered in this analysis: return to work outcome, maintenance of pre–injury income level, and satisfaction with vocational rehabilitation.

**Return to work outcome**

The probability that an injured worker who has vocational rehabilitation will return to work either with the accident employer, a new employer or as self–employed increases with the following statistically significant factors:

- having a high school education, and
- higher pre–accident annual earnings

**Impact on earnings**

The probability that an injured worker maintains his/her pre–accident earnings profile (wages either same or higher) upon return to work increases with the following statistically significant factors:

- being married at the time of injury
- having a high school education, and
- working, at the time of injury, for a very large employer (more than 500 employees)

A number of other statistically significant factors appear to reduce the likelihood that the worker will maintain his/her injury earnings profile:

- having dependants
- having served an apprenticeship before the accident
- injuries resulting in sprain/strain or hearing loss
- injuries of the upper extremity or multiple body sites
- returning to a new employer
- returning to a job with different physical demands, and
- longer duration on VR

**Satisfaction with VR services**

The following statistically significant factors increase the likelihood of an injured worker being satisfied with the services provided by VR:

- being married at the time of injury
- the perception that the VR services provided were appropriate
- having a good understanding of the goals of vocational rehabilitation, and
- recalled development of their VR plan

## *Summary of telephone survey*

The pre– and post–Bill 162 cases interviewed were reasonably similar on the demographic variables measured and geographically representative of WCB cases.

About 20% of more pre–Bill 162 cases than post–Bill 162 cases recalled contact with VR. This is not surprising given that these cases were active in VR four to five times longer than post–Bill 162 cases. Few clients recalled the development of a VR plan; however about 50% of those contacted by VR considered that the VR services provided were appropriate.

Generally, workers expected VR to provide them with education, training, or skills upgrading, and to help them become re–employed in a suitable job at similar pay. Post–Bill 162 cases considered that the VR services provided to them met more of their expectations than pre–Bill 162 cases; however, overall VR does not appear to be meeting workers' expectations. Post–Bill 162 cases returned to employment and particularly to the accident employer, stayed in that employment, and maintained their pre–accident wages far more frequently than pre–Bill 162 cases. Caution is suggested in attributing the increase in return to work rates entirely to the rehabilitative aspects of the VR Strategy.

There is some indication of differences in case mix, and that many post–Bill 162 cases would have returned to employment whether they had been activated in VR or not.

A single explanatory factor which increases the likelihood of a worker returning to employment and maintaining the pre–accident employment profile is having a high school education. Those with higher pre–accident annual earnings also have an increased probability of returning to work and those who are married at the time of injury and work for a very large employer are also more likely to maintain their pre–accident wage.

While workers are not generally satisfied with the services provided by VR, those who believe the services provided to them were appropriate, who recalled the development of their VR plan and who considered that they understood the goals of vocational rehabilitation, were more likely to be satisfied with the services provided.

## *Vocational rehabilitation claim file review*

This section presents the results of a claim file review study on 1990 closed VR cases. Detailed claim file reviews are being carried out in two phases. Phase I of the claim file review focuses on cases which closed in the last quarter of 1990 and the results are reported below. Phase II will examine cases which closed in the last quarter of 1991. This will enable comparisons to be made between the services documented and provided in 1990 and 1991. Phase II reviews will be carried out in March 1992, and will be reported on later in the spring.

Claim file reviews on pre– and post–Bill 162 cases, who received vocational rehabilitation services, were undertaken for two reasons. The first is to provide a series of snap shots over time on the nature and quantity of VR services being provided to injured workers. A claim file review is currently the only methodology which can be used to obtain precise and comprehensive program services information (although it too may have limitations as it is dependent on the adequacy of documentation in the claim file).

The second reason for gathering detailed program information from claim files is to enable preliminary analysis to be undertaken to evaluate the effectiveness of specific vocational rehabilitation services in assisting injured workers to return to employment. Such an evaluation requires not only data on the nature and quantity of services provided, but also employment outcome information at both the time of VR closure and at a subsequent point in time. Since the claim files reviewed in Phase I of this study are a subset of those cases interviewed in the follow–up study, the detailed file data could be correlated to survey responses for these post–closure cases.

### *Background*

#### Linkage to the follow–up survey

As a component of the evaluation of the Vocational Rehabilitation Strategy approved by Management Committee in August 1991, a follow–up telephone survey was initiated on a

sample of 1990 VR closures, approximately 700 pre– and post–Bill 162 cases. The results of that survey are reported earlier in this report. In October 1991, an internal working group, the Vocational Rehabilitation Program Review (VRPR) was established to examine current VR practices and determine ways to enhance the Board's efforts to promote return to work. As a result, a claim file review on a subset of approximately 200 of the telephone follow–up cases was also initiated to determine the nature and frequency of VR services provided to workers as noted in the VR plan. The synopsis of the results of the claim file review on 1990 closed cases is presented below.

**Focus on the vocational rehabilitation plan**

A VR plan is intended to specify a worker's vocational objectives and establish how the VR goal will be achieved. In helping to determine a worker's vocational objectives, the caseworker works through the return to work hierarchy with each worker to enable the worker to re–enter the workforce on the highest level possible. In establishing the objectives of a VR program, the worker, employer, and caseworker try to ensure that the worker's projected gross earnings over time will be as close as possible to the pre–injury earnings profile.

The plan specifies the vocational objectives, rehabilitation activities, responsibilities of the parties involved, and timeframes established for completion of the rehabilitation activities. As such, the VR plan, properly documented, should provide a useful source of information from which to determine which VR services are actually provided to injured workers. In subsequent analysis of post–closure status, the relationship between the provision of services and successful return to work can also be examined.

**Sample selection**

The file review of a total of 211 files (120 post–Bill 162 files and 91 pre–Bill 162 files) took place during the period November 21 to December 6, 1991.

The 120 post–Bill 162 cases had accident dates on or after January 2, 1990 and were closed with VR in the last quarter of 1990.

The 91 pre–Bill 162 cases had an accident date between January 1, 1986 and June 30, 1989 with initial VR activation between July 1, 1989 and December 31, 1989 and closed to VR in the last quarter of 1990.

These cases were a randomly selected subset of the sample of approximately 700 cases who participated in a follow–up telephone interview survey to determine post–VR closure work experience and wages.

## *Methodology*

Following a review of each VR file, a work sheet was completed in order to capture the nature of the VR activity undertaken by the caseworker as well as the frequency of each

activity. Where documentation pertaining to a specific activity was missing or not available for review, the information could not be captured. A decision then had to be made as to whether the activity should be categorized as "UNKNOWN" or "NOT APPLICABLE". Decision rules were developed based on the content of the entire claim file, and the context in which VR services were provided. The results presented in this report are based solely on information that could be extracted from the imaged and paper files reviewed.

## *Results of claim file review*

### Post–Bill 162 claims (imaged files)

Key findings:

**Time to activation**

- 50% of files reviewed were activated by 21 weeks post injury.

**Duration of service**

- Average duration of VR service was 12 weeks.

**Contacts**

- The average number of VR contacts by the caseworker was two. In some cases, workers had clearly returned to work before contact was made.
- 38% of files reviewed returned to work with two contacts or fewer.
- 67% of files reviewed returned to work within 14 weeks from the time of activation, and had three contacts or fewer by the caseworker prior to closure.
- 76% of ALL files reviewed had three contacts or fewer.
- GVRAs or initial interviews were completed in 61% of files reviewed.
- From the entire post–Bill 162 sample a total of three referrals to VR specialists including, social rehabilitation counsellors, placement advisors, modified work program specialists, and worksite analysts were observed.

**VR objective and VR plan**

- 33% of files reviewed contained either a formal or informal plan.
- 73% of files reviewed had a VR objective of return to work; of those 78% achieved the objective.

**Assessment**

- In 20% of the files reviewed, the six month offer of assessment had been extended to the injured worker. Of these 24 cases, it appeared that some form of an assessment had been conducted in nine cases.

**Training**

- Training appeared to have been provided in five cases or 4% of all cases reviewed.

**Counselling**

- Documentation on counselling in the areas of social, financial, job search and labour market was noted in 11 cases (9%) of the sample.
- Re–employment rights had been explained and/or investigated in 23% of cases.

**Documentation**

- With an average duration of contact of 12 weeks, and with 76% of cases receiving three contacts or fewer from the caseworker, it follows that VR documentation on file was minimal.

**VR closure outcome**

The table below outlines the outcome status of the reviewed cases at time of VR closure. (17 cases missing because of absent closure category in the VR database)

| | |
|---|---|
| Employed | 67% |
| Not Employed | 33% |
| Of the Not Employed: | |
| No Further Rehab Action Indicated | 91% |
| Self Perceived Restrictions | 3% |
| Total Disability | 3% |
| Retired | 3% |

**Subsequent activation post closure**

Subsequent to VR closure in the last quarter of 1990, 26 of the 120 cases reviewed, regardless of closure outcome, were reactivated by VR at some point in the following year.

At the point of follow–up, 18 of the 26, or 70%, indicated they had not returned to employment.

**Reported return to work outcomes from follow–up survey**

Table 1 outlines return to work outcomes on the entire sample of 120 cases. This information is the workers' self–reported return to work outcome when contacted for the telephone follow–up survey one year post closure. Additional information on VR activity, obtained from the claim file review, is also provided on these cases in Table 1.

Of those cases who were closed by VR as "not employed", 37% or 13 cases reported returning to employment when followed up one year later. Approximately one–third of these cases had been reactivated by VR; the remainder apparently returned to work without further vocational rehabilitation intervention. Of those cases who were closed by VR as "employed", three cases or 4% reported at follow–up one year later that they had not returned to work.

## Pre–Bill 162 claims

Key findings:

**Time to activation**

- 50% of the cases reviewed were activated by 56 weeks post injury.

**Duration of service**

- Average duration of VR service was 57 weeks.

**Contacts**

- The average number of contacts by VR caseworkers was eight. Delays in contact from time of activation of up to two months were noted in 10% of cases.
- GVRAs or initial assessment were completed in 88% of the files reviewed.
- Contact with either accident employer or a new employer occurred in 85% of cases.
- Social rehabiliation counsellor was active in 10% of all cases but in about 25% of cases who did not return to work.
- A placement specialist was active in approximately 24% of all cases.
- A modified work program specialist was active in about 4% of all cases.
- A worksite analyst was active in about 5% of all cases.

**VR objective and plan**

- 96% of the files reviewed had a VR objective specified.
- In 90% of the cases the objective was return to work.
- 41% achieved a return to work objective.

**Assessment**

- In 39% of the cases, injured workers appeared to have been offered an assessment.
- 30% of cases had completed an FAE; half of these did not return to employment at closure.
- 32% of cases had completed vocational testing.
- 12% of cases had completed a work trial.

**Training**

- Various forms of training were provided to workers:
  - 13% of cases received a modified work program
  - 9% of cases received CJST training
  - 7% of cases received training on the job

**Counselling**

- In 19% of cases, re-employment rights were either discussed or investigated. (It should be noted that pre-Bill 162 cases did not have legislated re-employment rights; these became effective only for post-Bill 162 accidents, that is, for cases with an accident date on or after January 2, 1990.)
- 13% of cases received some type of social rehabilitation counselling
- 41% of cases received job search assistance
- 34% of cases received labour market information

**Documentation**

- Clearly, there was more documentation and more documented activity on pre-Bill 162 cases than post. Given that the average duration of service is nearly six times as long this is not surprising.
- Workers appear to have been contacted on average either in person or by phone approximately once every seven weeks; few details are recorded of telephone contacts.
- When cases were transferred between caseworkers large gaps in time between reports exist.
- Little evidence of communication between an old and new caseworker exists in transferred files.

- During the period when any rehabilitation specialist was involved, documentation from the caseworker was virtually non–existent.
- Although the signatures of VR technical advisors appear on many VR plans, there is rarely documented direction or advise on file from a technical advisor.

**VR closure outcome**

The table below outlines the outcome status of the pre–Bill 162 cases reviewed at the time of VR closure. (12 cases missing due to missing closure category on the VR database)

| | |
|---|---|
| Employed | 38% |
| Not Employed | 62% |
| Of the Not Employed: | |
| Financially Self Sufficient | 6% |
| No Further Rehab Action Indicated | 90% |
| Declined Employment | 2% |
| Withdrew | 2% |

**Subsequent activation post VR closure**

Subsequent to VR closure in the last quarter of 1990, 15 cases, or 16% of all the pre–Bill 162 cases reviewed, regardless of closure outcome, were reactivated at some point during the following year. Only one of these individuals was not employed at follow–up one year after the closure in 1990.

**Reported return to work outcomes one year post closure**

Table 1 outlines the return to work outcomes of the 91 pre–Bill 162 cases. This information is the workers' self–reported return to work status when contacted for the telephone follow–up survey. Additional information on VR activity, as obtained from the claim file review, is also provided in Table 1.

Of those cases closed by VR as "not employed", 17 cases or 35% reported they had returned to employment when followed up one year later.

Five or 29% of these cases had been reactivated by VR; the remainder appear to have returned to work without further VR.

## Effectiveness of specific VR services in assisting workers to return to employment

A preliminary analysis was undertaken on the approximately 200 pre– and post– Bill 162 file review cases who also participated in the follow–up survey to begin to determine which aspects of vocational rehabilitation appear to contribute most positively to the workers' return to work.

To do this, a statistical modelling technique was used which relates the answers to a number of questions to an indicator of interest. In this case, a model was developed to examine the relationship between a worker's post–injury employment status and a number of potential explanatory factors including the provision of assessment, counselling and training by vocational rehabilitation services.

Using either the VR closure outcome or the self–reported return to work outcome, a number of statistically significant factors emerged which increase the probability that a worker will return to work. These include:

- having a high school education
- having higher pre–accident annual earnings, and
- having received training services from VR

Workers who required specific VR assessments or counselling services had a decreased probability of returning to work. This finding probably relates to the fact that cases where these services are required are by their nature more difficult to return to work.

Of all the explanatory variables, having participated in a VR training program, had by far the most powerful explanatory effect on whether a worker returned to work or not. This is of course a preliminary finding only and is based on an analysis of a small number of claims. Further and more detailed analysis of this nature will be possible with the completion of the Phase II claim file review.

### *Summary of claim file review*

As previously stated, the review of post–Bill 162 files revealed that, in 38% of cases, the injured worker had been successful in returning to work either prior to or shortly after file activation. Therefore, minimal rehabilitation assistance was required. Rehabilitation action in these cases consisted of fewer than three contacts by the caseworker. In 76% of the entire post–Bill 162 sample, rehabilitation action consisted of three or fewer contacts by the caseworker. As a result, the files reviewed reflect limited VR activity and corresponding documentation.

It was concluded that at least 38% of the post–Bill 162 sample may consist of inappropriate file activations which may be attributable to the operation areas' mandatory activation practices. These practices were implemented in an effort to ensure compliance with Bill 162 regulations. Unfortunately, they appear to have precluded adequate pre–activation activity such as file review and/or contact with the injured worker to determine whether vocational rehabilitation assistance was actually warranted.

There was sufficient evidence within the pre–Bill 162 sample to indicate that rehabilitation services was indeed provided and the file review did capture the extent and nature of service provided.

It was noted that the quality and timeliness of VR services, as documented, appear questionable and did not appear to adhere to the principles of the Vocational Rehabilitation Strategy. Although the cases were handled during the transitional period, it was anticipated that the emphasis on the VR Strategy would have resulted in shorter service time, a higher degree of partnerships, clearer objectives and comprehensive VR plans which were processed more efficiently and effectively. This does not appear to have been the case, possibly due to the large influx of newly–trained caseworkers, lack of experienced technical advisors, as well as the introduction of new and complex policies and policy guidelines.

In addition, from the preliminary analysis of the effectiveness of specific VR services, we have been able to identify that the provision of training activities to injured workers

appears to have a significant positive effect on the probability that they return to employment post closure.

Ongoing file reviews and post closure telephone follow–ups in Phase II will facilitate monitoring of change in the quality and quantity of VR services provided in the second full year of implementation of the strategy and should allow for additional analysis of the effectiveness of specific VR interventions. The results of the Phase II review should be available later in the spring and should form a supplement to this report.

## *Speaking out: what vocational rehabilitation staff tell us*

### *Introduction*

One of the key tasks in this program review was to obtain an objective assessment of vocational rehabilitation staff understanding, attitudes, and perceptions of impediments in carrying out their jobs and providing vocational rehabilitation services. An external consultant was engaged to carry out a series of focus group interviews with a cross–section of vocational rehabilitation staff across the province in late November and early December 1991.

### *Terms of reference*

The external consultant was requested to assess the extent to which vocational rehabilitation staff possess a clear understanding of the Vocational Rehabilitation Strategy, its policies and procedures and to analyze the problems and issues encountered by vocational rehabilitation staff in providing vocational rehabilitation services.

### *Objectives*

The specific objective of the focus group sessions was to gather information related to the following:

- VR staff knowledge of their jobs and confidence in their ability to carry out job functions
- VR staff perception of the impediments to the effective provision of good service, and
- VR staff perception of their role in the larger client services program.

### *Methodology*

Focus group interviews were selected as the methodology of choice for this project. This qualitative methodology enables individuals to interact and share views in the context of like situations and experiences and provides an opportunity for staff to communicate in a common language, resulting in a fuller portrait of their perceptions of and reactions to the issues at hand. The interviewer takes on the role of moderator and ideas naturally emerge from group interaction. The interviewer does impose some structure on the process by

presenting the group with issues for discussion; however, what emerges is the participants' perceptions of these issues. All focus group discussions were tape recorded. Participants were assured that their individual comments would be kept confidential. Pertinent information and comments were extracted and classified. The data was then analyzed.

Nine focus group discussions were held in late November and early December 1991 in the following offices: Hamilton, London, Ottawa, Windsor, Thunder Bay, Sudbury and Toronto (three sessions).

A random sample of 40 vocational rehabilitation caseworkers and 18 vocational rehabilitation specialists was selected. The length of experience with the WCB of these 58 staff ranged from three months to 13 years.

## *Summary of findings*

In analyzing the nine focus group discussion sessions, a number of common themes emerge. These themes for presentation purposes can be organized into four major sections: job components; impediments to providing service; organizational dimensions; comments and suggestions.

**Job components**

a. *Definition of job*

VR staff generally projected a positive image of a committed staff dedicated to the goal of providing effective rehabilitation services to injured workers.

Most described their main function in terms of effectively returning injured workers to jobs at a salary commensurate with pre–injury earnings.

b. *Confidence in ability to do the job*

Caseworkers expressed a lack of confidence in their ability to set vocational objectives for injured workers. They feel that they do not have the necessary knowledge and experience to set realistic employment objectives. In addition, information on current and future labour market trends to guide them in their vocational rehabilitation planning is not accessible.

Caseworkers expressed a lack of confidence in their ability to determine the essential duties of pre–injury jobs of injured workers. Some felt that they lacked sufficient expertise to determine what activities were essential to accomplishing specific job objectives.

Caseworkers expressed feelings of inadequacy in making decisions regarding Future Economic Loss (FEL) decisions. They resented having to predict the future vocational goals and future economic loss of injured workers when they are not adequately equipped to make these decisions. The perception is that decisions on FEL awards are often made in the "eleventh hour" when medical and personal information pertinent to their clients was missing.

**Impediments to providing service**

a. *Caseload volumes*

Staff in all nine focus group sessions identified large, unmanageable caseloads as the primary obstacle to good job performance. Caseworkers in these groups managed between 80 to 110 cases, whereas the Board in previous communication to staff had targeted the optimum caseload at 55.

b. *Paper work*

Caseworkers indicated that a large portion of their job involves paperwork – filling out the required forms and worksheets. Indeed, in some discussions, the term "paper pushing" or "paper shuffling" was cited as the main responsibility. This impedes their ability to achieve their main goal of effectively returning injured workers to jobs at a salary level comparable to their pre–injury earnings.

c. *Additional responsibilities*

Caseworkers feel that they are the frontline representatives for the Board, and often act as liaison among the employer, the injured worker, the doctor and other WCB staff. They are often called upon to perform a variety of functions and to respond to questions which are not directly related to the essential duties of their job. They find themselves providing counselling to injured workers, acting as placement advisors and processing portions of the claim not completed by the adjudicator. They further feel that they are not given credit for these additional duties and responsibilities.

d. *Lack of resources*

Staff listed the following as impeding them from efficiently carrying out their responsibilities:

- Limited access to imaging terminals.
- Lack of work space, sharing of desks and telephones, no shelving.
- Excessive noise levels.
- Lack of privacy when dealing with injured workers.
- Not enough clerical staff to assist in processing paperwork and in photocopying.
- Technical advisors who are too bogged down with other matters to offer advice and guidance; technical advisors with no rehabilitation background.
- In some units and regions, concern was expressed about the lack of rehabilitation specialists.
- Lack of office supplies such as pens, paper, and file folders.

e. *Scheduling of external time*

Scheduling of time spent outside the office varied considerably across units. Those in units where caseworkers are required to remain in the office on specific

designated days found this system to be inefficient as it restricted them from effectively managing their time with their caseload and employers.

*f. Medical management*

Staff expressed the opinion that injured workers are not being referred to community clinics within the required timeframe.

When medical progress monitoring is not done by claims adjudicators, caseworkers make FEL related decisions without adequate information on their clients' medical restrictions.

Physicians do not properly complete forms, and as a consequence, caseworkers spend too much time tracking down the information.

*g. Vocational rehabilitation staff training*

While caseworkers felt that the formal training program is adequate, it does not stress the practical aspects of the job (i.e. caseload management, use of resources and equipment, negotiating skills and case closure)

On the job training was seen as extremely important by staff. However, on the job training received varies considerably. Some caseworkers were assigned experienced staff to assist them after initial training and their caseload was gradually increased. Others were just "dropped into" their jobs, handed a large caseload and left to "fend for themselves".

*h. Policies and objectives*

VR staff currently perceive Board policies and objectives as being in a constant state of change.

Policies and guidelines are further seen as too abstract and thus difficult to apply in specific situations. This creates confusion and lack of understanding.

Early intervention policies, though sensible at an abstract level, are difficult to implement given heavy caseloads and insufficient staff and resources.

Policy guidelines established in positive economic times have not taken into account the recent economic environment which influences the reintegration of injured workers into jobs.

**Organizational dimensions**

- Caseworkers and vocational rehabilitation specialists frequently see themselves as undervalued players in the larger client services area with little or no voice.
- Caseworkers perceive that their jobs are viewed as less important than those of adjudicators. This perception is reinforced by the fact that adjudicators are provided with better resources and that adjudicators can override caseworkers' decisions.
- The relationship between VR staff and adjudicators is not always a positive one. Although some participants expressed the view that adjudicators were approachable, others did not share this view.

- From VR staff perception, good communications play an essential role in optimizing an effective team approach in resolving vocational rehabilitation issues. Units characterized by good communication styles were described as functioning more effectively.
- In a significant but not majority of instances, managers with vocational rehabilitation rather than claims or pension backgrounds were seen as more effective and influential.

**Vocational rehabilitation staff comments and suggestions**

- Reduce caseload volume by increasing the number of caseworkers.
- Regular staff meetings should be held to identify creative ways to manage time and reduce caseloads.
- Reduce the number of required forms to be completed. Reduce the duplication of forms.
- Hire more clerical support staff to assist with paper work, information gathering and general clerical functions.
- Supply caseworkers with their own desk, telephone, better access to imaging terminal.
- Supply caseworkers with laptop computers to enable them to improve caseload management and reduce paperwork.
- Introduce a two–week practicum in the middle of training; a refresher course on policies and procedures should be provided after six months on the job; and periodic professional development seminars should be offered.
- Facilitate integration of new staff by assigning senior caseworkers to act as resource persons.
- Relay policy and operational changes and how they should be implemented more directly to vocational rehabilitation staff through meetings. Post such changes in all offices and have policy and procedure manuals easily accessible to all staff.
- More effective channels of communication, particularly in the context of rapid policy change, are required to improve the relationship between senior management and vocational staff.

## *Conclusions of focus group sessions*

Vocational rehabilitation staff utilized the focus sessions to report on their perceptions of the role of VR staff and current issues related to the provision of VR services to injured workers. While staff appear dedicated to the goal of providing good service to injured workers some expressed considerable frustration and anxiety about their ability to do this given what they perceive to be insufficient staff and resources, changing policy guidelines, and ineffective communications both within and between units.

A number of staff, however, had positive comments about their managers and technical advisors and expressed considerable satisfaction with their jobs. Staff who described themselves as working in units where managers and technical advisors were supportive, where regular meetings were held to discuss problems and issues, where access to their own work space and resources such as telephones and imaging terminals were readily available and where good working relationships with non–VR members on their team existed did not appear to be as daunted by large caseloads, and generally exhibited a more positive attitude towards their work. Finally, the focus sessions provide VR staff with an opportunity to make a number of suggestions for change which they believe would result in a better work environment and better service to the injured worker community.

## TABLE I
## VR FILE REVIEW DATA, PHASE I

### SELF REPORTED OUTCOME

### Post Bill 162

| Follow–up Status * | Number of Files | | Avg Time to Activation | Formal VR Plan | | VR Objective RTW | | VR Objective Achieved | | Earnings Profile | | Average Duration |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 44 | 36.7% | 22 wks | 8 | 18.2% | 37 | 84.1% | 33 | 75.0% | 29 | 65.9% | 12 wks |
| 2 | 4 | 3.3% | 19 wks | 1 | 25.0% | 3 | 75.0% | 3 | 75.0% | 3 | 75.0% | 17 wks |
| 3 | 15 | 12.5% | 20 wks | 7 | 46.7% | 13 | 86.7% | 13 | 86.7% | 11 | 73.3% | 15 wks |
| 4 | 1 | 0.8% | 28 wks | | | | | | | | | 16 wks |
| 5 | 13 | 10.8% | 20 wks | 3 | 23.1% | 8 | 61.5% | 7 | 53.8% | 8 | 61.5% | 12 wks |
| 6 | 3 | 2.5% | 31 wks | 1 | 33.3% | 2 | 66.7% | 2 | 66.7% | 3 | 100.0% | 9 wks |
| 7 | 40 | 33.3% | 22 wks | 8 | 20.0% | 24 | 60.0% | 10 | 25.0% | 16 | 40.0% | 16 wks |
| Total | 120 | 100.0% | Avg 21 wks | 28 | | 87 | | 68 | | 70 | | Avg 12 wks |

N=120

### Pre Bill 162

| Follow–up Status * | Number of Files | | Avg Time to Activation | Formal VR Plan | | VR Objective RTW | | VR Objective Achieved | | Earnings Profile | | Average Duration |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 15 | 16.4% | 58 wks | 5 | 33.3% | 14 | 93.3% | 7 | 46.7% | 9 | 60.0% | 58 wks |
| 2 | 5 | 5.5% | 73 wks | 5 | 100.0% | 5 | 100.0% | 3 | 60.0% | 3 | 60.0% | 62 wks |
| 3 | 13 | 14.3% | 67 wks | 10 | 76.9% | 13 | 100.0% | 8 | 61.5% | 10 | 76.9% | 53 wks |
| 4 | 4 | 4.4% | 80 wks | 3 | 75.0% | 4 | 100.0% | 2 | 50.0% | 1 | 25.0% | 55 wks |
| 5 | 16 | 17.6% | 56 wks | 7 | 43.8% | 15 | 93.8% | 11 | 68.8% | 11 | 68.8% | 54 wks |
| 6 | 1 | 1.1% | 42 wks | | | 1 | 100.0% | | | 1 | 100.0% | 47 wks |
| 7 | 37 | 40.7% | 72 wks | 22 | 59.5% | 30 | 81.1% | 6 | 16.2% | 8 | 21.6% | 57 wks |
| Total | 91 | 100.0% | Avg 56 wks | 52 | | 82 | | 37 | | 43 | | Avg 57 wks |

N=91

### FOLLOW–UP STATUS

1 : Pre–Injury Employment, Accident Employer
2 : Comparable Employment, Accident Employer
3 : Suitable Employment, Accident Eemployer
4 : Pre–Injury Employment, New Employer
5 : Comparable Employment, New Employer
6 : Self–Employed
7 : Not Employed

* The Follow–up Status reflects the self reported return to work outcome.

# *The Issues*

Given the review of the Board's vocational rehabilitation program set out in the preceding chapters, including the clients and the programs as well as the information that comprises the companion document, the context for this program review is complete. The issues that arise that must be addressed fall into the following five parts:

1) equipping Board staff
2) intervention strategies to enhance vocational rehabilitation outcomes
3) additional assistance for seriously impaired workers
4) vocational rehabilitation for pre–Bill 162 workers, and
5) the role of the Board in the vocational rehabilitation process

Each of these five parts are briefly summarized here and are fully discussed in this discussion paper.

## *Equipping Board staff*

The focus group report described earlier provides an independent examination of the current perceptions of vocational rehabilitation staff with regard to the issues and challenges associated with the provision of vocational rehabilitation services. The study was conducted by an independent consulting firm on behalf of the Board. The findings from the focus group meetings revealed three major issues/themes:

- *Roles/responsibilities:* Caseworkers are uncertain about their precise role and the scope of their responsibilities.
- *Inadequate resources (staffing and facilities):* Excessive caseloads, inadequate work space, limited access to imaging, and lack of support staff are reported by caseworkers.
- *Communications/training:* Caseworkers expressed a need to be trained in the practical aspects of their work – caseload management, negotiating skills and case closure. They also suggested that they would be better equipped if they had access to more on the job training, in addition to classroom instruction, as well as policy refresher courses and professional development seminars. Caseworkers stated that more adequate communication of policies needed to be achieved. They also indicated that more effective communication between vocational rehabilitation staff and senior management is necessary, especially given the context of rapid policy change.

The study report indicated that caseworkers feel that the policies associated with the vocational rehabilitation strategy are difficult to implement because they are not sensitive to changes in Ontario's economy; the guidelines established in more positive economic times do not take into account the recent economic environment of company layoffs and bankruptcies. This points to the need for the Board to develop methods of accessing the very latest information relevant to the employment of disabled workers.

Many of the issues raised in the focus group report confirmed the perspective of senior management. A discussion of these issues and methods to resolve them, some of which are already in progress, appear in Part 1.

### *Intervention strategies to enhance vocational rehabilitation outcomes*

This review of the Board's vocational rehabilitation program indicates that while vocational rehabilitation outcomes have improved, perhaps because of changes brought about by policy and legislative reform, there is still much work to be done. Strategies for the Board to intervene in innovative ways to further improve the re–employment rate of disabled workers must be developed.

At present there is no available detailed data that can match the nature of the vocational rehabilitation program to the vocational rehabilitation outcome. Therefore, at this point the Board must consider other information to guide it in the development of its intervention strategies. One of these sources is the valuable comments provided by vocational rehabilitation staff during the focus groups conducted across the province.

The approaches taken in other jurisdictions, as well as the issues highlighted in rehabilitation and disability issues literature also guide the Board with respect to the type of vocational rehabilitation programs which must be developed to improve outcomes.

The Board must develop appropriate intervention strategies in the areas of ergonomics and accommodation, training, and job access and job development. Such interventions are discussed in Part 2.

### *Services for seriously impaired workers*

Whatever specific intervention strategies the Board employs to facilitate the reintegration of injured workers into the labour market, there will be workers who, due to the seriousness of their impairment, continue to face difficulty reintegrating into the workforce. These workers should be provided with whatever assistance could be made available to them to meet their needs. Proposed methods of assistance are discussed in Part 3.

### *Additional assistance for pre–Bill 162 workers*

Section 147 (formerly s. 135) took effect on July 26, 1989. This section of the statute sets out the payment of temporary and permanent supplements. Section 147(2) states that the Board shall give a temporary supplement where a worker is likely to benefit from a vocational rehabilitation program which would help to increase the worker's earning capacity. Section 147(4) states that the Board shall give a permanent supplement to a worker who is not likely to benefit from a vocational rehabilitation program as described in s. 147(2) or whose earning capacity would not be increased as described in s. 147(2). Payments were made under these sections shortly after the effective date.

The Board is very concerned about the population of workers receiving s. 147(4) supplements. There is great hope that some of these workers may perhaps be able to realize vocational goals. With knowledge about these workers provided through analysis of available data, the Board may be able to provide renewed vocational rehabilitation assistance. A discussion of these issues and the recommendations related to them appear in Part 4.

### *The role of the Board*

Board caseworkers have traditionally played a very active and involved role in the vocational rehabilitation of injured workers. They have been, and have been perceived to be, more than partners in the return to work process; they have been ultimately responsible for return to work. To maintain commitment to a holistic approach to vocational rehabilitation, Board staff must be only one participant in a process that recognizes the key participants as the worker, the employer and the union where present. The "paternalistic" role of the Board is no longer appropriate at a time when empowering persons with disabilities is the foundation for success.

The Vocational Rehabilitation Strategy encouraged greater worker and employer participation in the vocational rehabilitation process. It is time to give even greater emphasis to this concept. Part 5 is dedicated to redefining the role of the Board.

# *PART 1*

# *EQUIPPING BOARD STAFF*

# *Chapter 4*

# *Operational improvements*

During the focus group interviews, caseworkers and vocational rehabilitation specialists identified a number of service delivery problems such as caseload volumes, paperwork overload, inaccessibility to imaging terminals and lack of on the job training. The caseworkers and vocational rehabilitation specialists reinforced the presence of operational issues that had already been recognized by senior Board management. The operational problems and issues that are identified as impeding the effective delivery of vocational rehabilitation services as well as the recommended solutions to these problems are the subject of this chapter.

## *Caseload volumes*

High caseload volumes were identified by caseworkers and vocational rehabilitation specialists as one of the primary obstacles to the effective delivery of VR services. The provincial caseload at the end of 1991 stood at 31,505; 13,259 of which were pre–Bill 162 cases and the balance of 18,246 were post–Bill 162 cases.

The VR strategy identified the optimum caseload per caseworker as 55. The current average caseload is 74. While there is no doubt that exceeding set caseload size may not necessarily be problematic given that optimum caseload size may vary depending on the skill of the caseworkers and the profile of the cases they are managing, (i.e. reinstatement cases, geographic territory, the local economy) concern about current caseload size remains.

An analysis of the monthly figures of active VR cases for the last three years (1988 to 1991 inclusively) revealed the following trends:

- total caseload was stable through 1989 but started to grow dramatically in 1990 as a result of the full implementation of the VR strategy and Bill 162 (See Figure 1)
- the caseload for post–Bill 162 cases went from zero to 17,000 in about 18 months. The post–Bill 162 caseload volume stabilized by mid 1991 and has been growing slightly since that time
- the caseload for pre–Bill 162 also increased moderately in 1990, but has been continuously decreasing to the present, and
- the total active caseload peaked in the summer of 1991 and continues to decrease. In effect, the large build up of active cases observed at the end of 1990 was a temporary situation which has been improving as the older claims complete the VR process

### Factors driving caseloads

- Under estimation of the number and duration of the old stream (pre–Bill 162) vocational rehabilitation caseload. The VR strategy anticipated that these pre–Bill 162 VR cases would be closed by November 1991. In fact, at that date there were still 14,000 old stream cases in the system. This had the effect of driving the provincial caseload from a forecasted number of 18,000 up to 32,000 active VR cases
- In an effort to comply with the legislative requirement to provide an assessment at six months, all cases approaching six months were automatically activated for vocational

rehabilitation service. A study in May 1991 indicated that as high as 25% of these cases were activated inappropriately. This supports the findings of the claim file review reported earlier which suggests that as many as 38% of cases may be inappropriately activated, thus inflating caseloads with cases which require contact, but virtually no vocational rehabilitation services.

- Inexperienced caseworkers lacking strong technical support were unable to manage cases in the most effective and efficient manner.
- The current economy makes it more difficult to rehabilitate injured workers which in turn increases the length of service as well as the number of active cases in the system.
- The absence of good VR data to assist in the management of the program. A new vocational rehabilitation system was implemented in April 1991. The "debugging" process encountered considerable difficulty with the result that management reports were not available until November 1991. In the interim period there was little VR data available other than total number of cases in the system. Management's ability to focus on caseload problems was seriously impeded.

### *Activities to address caseload issues*

Since May 1991, a technical advisor in each ISU ensures that cases are appropriately referred for vocational rehabilitation service. Prior to this, all cases were automatically activated at or around the 24 week mark to ensure compliance with the six month assessment requirement of Bill 162. This resulted in the inappropriate activation of a number of cases and consequently an increase in caseload volumes.

A concerted effort is being made in Client Services to generally "get back to basics". As part of this thrust, VR technical advisors are allocating more time to assist and advise VR staff including conducting regular caseload reviews. It is anticipated that these reviews will result in better caseload management.

Better data through the new vocational rehabilitation system and enhanced end user computing capacity have enabled Client Services to analyze caseload profiles and delete cases that should no longer appear in statistics, for example, cases where the worker may have returned to work but the case has not been closed on the computer system.

### *Clerical work*

The VR strategy introduced a new set of paper requirements. Vocational rehabilitation caseworkers have indicated that much of their time is spent completing required forms and worksheets. The clerical issue has been prominently identified on a problem log and in joint management/union meetings on vocational rehabilitation procedural issues.

Steps have been taken to minimize this problem. These steps include:

- a complete review of all forms and paperwork currently required within the VR function
- a review of the data collected and input to support the vocational rehabilitation system, and

- a committee to study the results of these two steps and make recommendations for immediate and short–term improvements to the clerical problem.

The committee has proposed the following recommendations:

- providing clerical support through new positions such as program support clerks who would be responsible for such functions as indexing and scanning documents, photocopying and creating work files
- giving caseworkers more discretion when it comes to the issue of communication, documentation and general work methods
- improving the forms and dictation formats to make them less cumbersome and easier to use, and
- allowing caseworkers to decide when the use of the General Vocational Rehabilitation Assessment (GVRA) form is appropriate.

It is proposed that a 25% to 50% reduction in clerical work can be realized within the second quarter of 1992 if these recommendations are implemented.

### *Facilities and resources*

A key concern of caseworkers has been access to image terminals. There is considerable variation across ISUs and regional offices with respect to access to imaging terminals. Access to imaging equipment has been a documented problem in regional offices such as Kitchener and Kingston. To address this problem, in the summer of 1991 the feasibility of lap top imaging terminals for caseworkers was piloted with four caseworkers. The pilot project revealed that there were too many drawbacks with lap top equipment at that time. For example, the lap top did not have on line contact with the mainframe resulting in an information lag. Furthermore, caseworkers occasionally required access to imaging and if the lap top was in the field with another caseworker, this was not possible. The outcome was a recommendation for full size image terminals in the regional offices and integrated services units.

The installation of approximately 275 additional image terminals in late 1991 and early 1992 and of additional workstations throughout the province should resolve the problems of access to imaging terminals and of lack of work space for vocational rehabilitation caseworkers.

### *Training Client Services staff*

Caseworkers in the focus groups pinpointed what may be one of the most critical problems in the delivery of vocational rehabilitation services; post– formal training follow–up and development within the operating area. Training of client services staff, particularly ongoing developmental training, has not been sufficiently available. In the face of legislative amendments, a new vocational rehabilitation strategy and ensuing new policies, new technologies and Board reorganization, the need to train, develop and maintain competent and knowledgeable staff slipped as a priority.

Formalized classroom training remains effective. However, the formal classroom training has not been supported with on the job training, particularly in the area of introduction, comprehension and application of new policy. Although this is the responsibility of technical advisors, it has not been emphasized as a key part of their work. Moreover, there have not been a sufficient number of technical advisors to support this responsibility.

To rectify this situation a major technical training initiative has been undertaken. The thrust of the initiative is technical training of management and technical staff who will concurrently work with line staff. This is, to a large degree, the refresher course on policies and procedures requested by caseworkers in the focus group sessions.

This training initiative began in November 1991 and will be completed by Spring 1992. The features of the initiative are as follows:

- acknowledgement that there are knowledge and competency gaps in key functions within the Client Services Division including directors, assistant directors, managers, technical advisors, claims adjudicators and caseworkers
- introduce a requirement to institutionalize self–directed learning, particularly in the ranks of directors, assistant directors, managers and technical advisors, and
- technical training about Board policy is provided including a component on client service programs. During the training sessions, special emphasis is placed on the discretionary nature of policy. Although the statutory requirements of the Act must be met, since policies are designed to provide general guidelines which are applicable to most situations, in exceptional cases divergence from policy may be necessary

  There are instances where rigid adherence to policy may not make sense. For example, the VR strategy requires a two week contact cycle between caseworkers and injured workers based on the concept that intensive service at the outset may have a long term effect on success . However, there may also be circumstances where this is not appropriate. For instance, a two week contact may not be necessary when a worker is enrolled in a training program of a few months duration.

  Another example is the strict adherence to the administrative guideline which precludes caseworkers from having personal contact with an injured worker in the worker's home except in extraordinary circumstances. Caseworkers should exercise discretion in cases where it is appropriate to interview workers in their homes.

This training initiative is the first step in what will be an ongoing responsibility within each ISU and regional office. Accordingly, each ISU and regional office director is now required to establish a mechanism to support ongoing staff training and development.

### *Enhancements to the vocational rehabilitation computer system*

When the new vocational rehabilitation computer system became operational it was evident that the system would need to be enhanced in order to produce data not specified in the original design. The new system provides comprehensive information on many components of the vocational rehabilitation program but does not capture information on the type of activities that the injured worker undertakes. For example, when injured workers are participating in training or academic programs, the system currently reports all such activities under the general heading of "vocational phase".

There is a clear requirement for the following information:

- specific details about the type of program the worker is engaged
- specific information about types of academic upgrading and/or training programs by worker
- details on program duration
- identification and details on the agency providing the program to allow for evaluative analysis of the agency's performance (i.e. does the agency's program yield positive results)
- a link between VR outcomes and pre–injury earnings as a measure of success, and
- a link between VR outcomes and future economic loss awards

A VRS enhancement project is underway to ensure that the required data will be retrievable.

### *The Job Centre*

In the spring of 1991, a Job Centre was established at the Board's head office primarily to deliver the Job Club and Constructive Job Search Technique (CJST) programs.

An informal evaluation of the program in the fall of 1991 identified the following concerns:

- the Job Centre only serviced workers in the Toronto and surrounding area
- the capacity of the Job Centre was extremely limited with participation limited to four to six workers at a time. Given the large vocational rehabilitation population in Ontario, the centre was not accessible to a sufficient number of workers
- the regional offices were already providing CJST programs in–house.
- external agencies provide creative job search technique and job club programs on a fee for service basis

In response to these concerns it was decided that the Job Centre, as a Toronto based function, should cease and that the responsibility for providing these programs be transferred to the respective ISUs and regional offices.

Client Services is undertaking a review of the Board's capacity to deliver effective Job Club and CJST programs in each office. The primary issue in the delivery of these programs is that they be accessible to more injured workers across the province of Ontario.

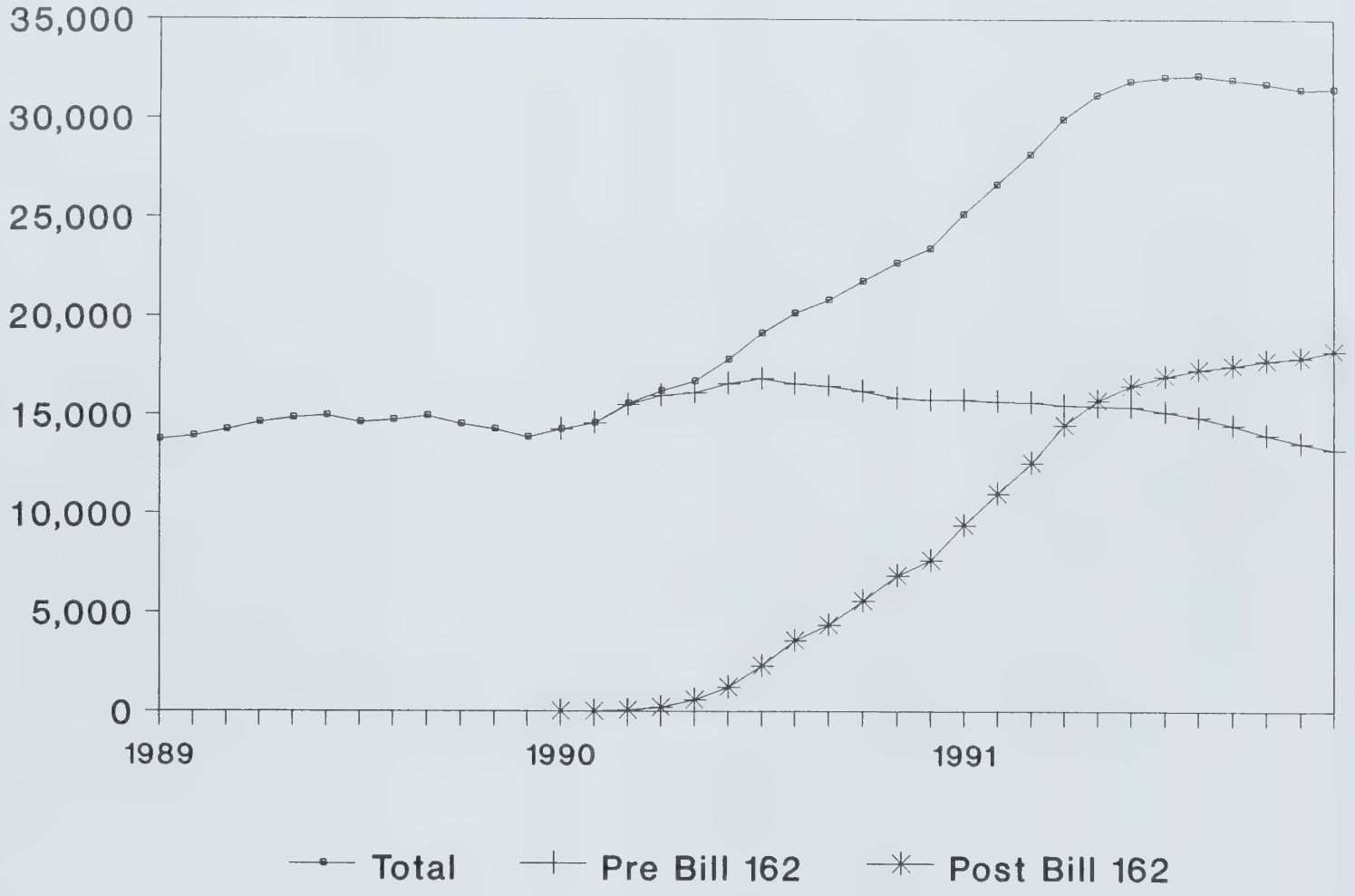
### *Recommendations*

Many of the operational changes which have been proposed in this chapter are currently in progress.

It is recommended that:

- Vocational rehabilitation caseworkers be provided with clerical support through new positions such as program support clerks who would be responsible for such functions as indexing and scanning documents, photocopying and creating work files.
- Each ISU and regional office director establish a mechanism to support ongoing staff training and development.
- Enhancements to the vocational rehabilitation computer system be completed to ensure appropriate data on vocational rehabilitation is retrievable.
- A review of the Board's capacity to deliver effective creative job search techniques and Job Club programs in each ISU and regional office be undertaken.
- Focus group sessions with VR staff be held again in nine months to monitor progress and determine where future improvements could be instituted.

FIGURE 1
GROWTH IN ACTIVE VR CASELOADS
PRE/POST BILL 162



# *Chapter 5*

# *Labour market information and trends analysis*

The successful vocational rehabilitation of injured workers not only depends on appropriate vocational assessment and preparation, but on other environmental factors. The overall objective of vocational rehabilitation is to return the injured worker to meaningful employment. However, several labour market issues influence an injured worker's success in securing permanent employment:

- the overall state of the economy and the general availability of job opportunities
- regional variations in unemployment and economic development
- instability in the labour market
- technological change and industrial transformation of the economy, and
- skill and knowledge requirements for future economic growth (Muszysnki, 1987, p.2)

Accordingly, prevailing conditions in the economy and the labour market significantly influence the relative effectiveness of vocational rehabilitation strategies. Future trends in labour demand and supply have major implications for the types of jobs available and for the types and levels of skills injured workers need to re–enter the labour force. Labour market information is, therefore, a critical component in the planning of vocational objectives for injured workers, particularly with respect to training.

This chapter will highlight a number of changes in Ontario's labour market which have ramifications for the jobs available to workers, for the skills and levels of training required and for the ability of employers to recruit qualified workers. The chapter will also examine the most effective way of monitoring these trends to ensure vocational rehabilitation specialists are provided with the most accurate and up to date information when developing, in collaboration with the injured worker and the employer, a vocational rehabilitation plan.

## *Ontario's economic situation*

Ontario's current economic situation presents a challenge to the successful vocational rehabilitation of many injured workers. The recent recession has hit Ontario harder than any other province. Although Ontario accounts for 38% of the labour force, the province accounted for roughly 80% of the jobs lost in Canada during this period (Ministry of Treasury and Economics, 1991, p.15). The unemployment rate almost doubled during the recession, from 5.2% in April 1990 to 10.2% in June 1991. The number of unemployed workers rose from 272,000 to 544,000.

The recession has also been more widespread than downturns in the past, affecting even communities with well diversified economies such as the greater Toronto area. In central Ontario, the unemployment rate jumped from 5.9% in 1990 to 9.8% in 1991, the largest increase among the regions.

Both central and southwestern Ontario are heavily dependent on manufacturing and the auto industry, in particular, sectors which have been adversely affected by the downturn in the North American auto industry. Eastern Ontario, which recorded an unemployment

rate of 8.0% in 1991, has been hard hit by layoffs in the chemical and textile industries. Across the north, communities based on lumbering and the pulp and paper industry are experiencing difficulties due to low prices, overcapacity and increased recycling. Northeastern Ontario has been hard hit by iron and uranium mine closures, as well as difficulties in the steel industry.

The 1990–91 recession in Ontario also differed from earlier recessions in the extent of plant closures. Layoffs due to plant closures over the past year have been almost double that experienced during the last recession. In 1990, 20,554 workers lost jobs in permanent plant closures involving 50 or more workers. By comparison, 11,150 workers were affected by permanent shutdowns in all of 1982. Data also suggests that many workers will not be recalled to their former positions and will need to be retrained for new types of work.

Over 80% of the record job loss was in Ontario's manufacturing and construction sectors. For the manufacturing sector, the downturn was much longer and more severe than the decline for the economy as a whole. The manufacturing decline lasted two years, with a decline in shipments of 16%. As a result, manufacturing's share of the Ontario economy continued its long–term declining trend during the 1990–91 recession. Particularly hard hit were industries vulnerable to free trade and deteriorating competitive conditions, including carpets, furniture and shoes. These industries tend to be relatively low wage industries with limited requirements for formal education.

The construction sector has also been hit disproportionately hard by the recession. This reflects the overbuilding of commercial, industrial and residential properties in the late 1980s, combined with tight monetary policy in 1989 and 1990.

Economic forecasters predict that the Ontario economy will resume growing in 1992. But it will do so very slowly at best, especially compared to the boom recovery of 1983–86 when real economic growth averaged over 6% per year. During 1992, the economy's total output is forecast to grow by about 2%, and employment is expected to rise by 59,000 jobs. These jobs will replace barely one–third of the jobs lost in 1991 (Ministry of Treasury and Economics, 1992, p.3).

For the medium term through to 1995, output is expected to rise by an average of about 4% a year. The unemployment rate is expected to decline, but is forecast not to fall below 8% during this period.

The moderate pace of economic growth that is expected in 1992 has significant implications for the province's finances and for the quality of life of its citizens. Half a million Ontario workers are unemployed. Many are in need of training and help in finding new jobs. Without adequate assistance, there is a risk that many workers will lose their skills if they are not able to find work within a reasonable period of time.

These statistics about the Ontario economy underscore the critical importance of good vocational rehabilitation. Persons with disabilities are often the first to be impacted by poor economic conditions. When jobs are declining, it is even more advantageous for injured workers to return to work with their accident employers, where they may already have some job security through seniority.

## *Labour market trends in Ontario*

The Ontario government predicts that the 1990s will see a co-existence of high employment levels in specific sectors, but a high unemployment rate generally. This is usually seen by economists as a sign of structural mismatches in the labour market. Workers are available, but they lack the qualifications to be considered for the jobs that are vacant (Ministry of Treasury and Economics, 1991, p.23).

An understanding of the economy and the trends emerging in labour supply and demand is, therefore, essential in the Board's vocational planning. By knowing which jobs will be available and who will make up the workforce, it is possible to develop vocational rehabilitation programs which are compatible with and responsive to the needs of injured workers and to the demands of the labour market. Such an approach will ensure that injured workers have the potential to re-enter and remain in the labour force once they have completed their vocational preparation. It is, therefore, imperative that vocational rehabilitation planning be guided by comprehensive information on the problems and prospects of Ontario's labour market.

It should be emphasized that the changes occurring on the supply side and on the demand side of the labour market cannot be viewed in isolation from one another. It is the interaction between supply and demand that will determine market conditions, and thus the potential for success of injured workers seeking employment.

## *Labour supply*

### *Demographic trends*

The supply side of Ontario's labour market in the 1990s will have some very different characteristics compared to recent decades. According to a report by the Ministry of Skills Development, *Ontario's Labour Market: Long-term trends and issues in the 1990s*, labour shortage will be the norm, the workforce will be much older on average, retirements and replacement needs will increase, and women will account for close to one-half of Ontario's work force by the year 2000.

Ontario's labour force is projected to grow by 1.5% per annum in the 1990s, down from a high of 3.2% per year in the 1970s and 2% in the 1980s. Underlying this decline in labour supply growth is a decrease in the number of young people (15 to 24 year olds) entering the workforce. Consequently, employers will have difficulty recruiting young people for entry level positions.

Ontario's workforce will become much older as the baby boomers move into the older age cohorts. Their share of the total labour force will increase from 16% to 21% between 1990 and 2000. By the year 2000, 55 to 64 year olds will be the fastest growing component of Ontario's labour force.

With an aging workforce, retirement and replacement needs will be especially high in the 1990s in occupations that have an above average proportion of older workers. Examples of

occupations where replacement needs will be approximately one–quarter or more include general managers, managers of construction operations, university teachers, community college and vocational school teachers, security guards, sewing machine operators, brick and stone masons and tile setters, hoisting occupations, and bus drivers.

*Educational system*

The educational system largely defines the qualitative nature of Ontario's labour supply as the educational institutions of the community play a dominant role in the complex process of occupational choice. Thus, to understand the types of workers that will be available in the future, it is crucial to know what kind of educational choices students are making now. However, in view of the fact that a complex combination of sociological, economic and personal factors determine post–secondary educational and occupational choices, projections should be used cautiously, with emphasis on direction rather than on magnitude.

The largest percentage of Ontario high school students enter the labour market directly after the full or partial completion of high school. According to the 1989 Ministry of Skills Development Pathways study, out of a representative 100 high school students, 32 leave school without a diploma and 32 graduate immediately into the labour market. Although there is very little data to track the occupational outcomes of this group, the Pathways study suggested that the major occupational outcomes were as follows: services 21%, clerical 21%, manufacturing 21%, sales 10%, construction 9%, machine operators 7%, primary occupations 4%, professions/health/education 3%, managerial 2%, other 3%.

Community colleges were created in the 1960s to provide career education for high school graduates. They comprise the principal formal training system for preparing and upgrading high school graduates who do not go on to university and populate the workforce as technicians, technologists and skill and craft workers. According to Canada Employment and Immigration's publication *Job Futures*, in excess of 25,000 students now graduate from the colleges programs in Ontario; approximately 7,000 complete programs in applied arts (i.e. childhood education, broadcasting) and approximately 5,000 students complete technology and applied sciences courses. The business related fields and health sciences fields each account for 8,000 graduates annually.

The community college system, however, has not been able to fully satisfy Ontario's labour market needs in many vocational areas. Career programs such as business, commercial studies and health sciences have showed the largest increases in enrollment. In contrast, enrollment in technology programs actually declined from 1983 to 1988 and there are concerns that enrollments may further decrease in the next decade. If present trends are maintained, the areas expected to produce the most graduates are the applied and social science–based subjects such as mass communications, social services and marketing.

The decline in community college technical graduates is of particular concern since much of Ontario's current technologically skilled labour force is composed of post–war immigrants trained outside of Canada. Consequently, the attrition rates in these trades are likely to be very high in the 1990s (EIC, 1991, p.23).

Similarly, overall growth in apprenticeship occupations (plumber, crane operator, mechanic, tool and die and mould–maker) has been somewhat slower since these occupations are negatively affected by cyclical downturns. Apprenticeship volumes tend to be a function of economic conditions, employer technology needs and contractually–established apprentice journeyman ratios, as well as interest on the part of prospective apprentices. Long–term trends tend to be strongly pro–cyclical, with apprenticeship intakes increasing during periods of economic expansion and decreasing during recessions. In view of the fact that the supply of skilled workers has not been maintained, a shortage of these workers may become increasingly critical over the next decade (EIC, 1991, p.30).

The declining number of youths combined with a lack of interest in trades and technology will result in special challenges for the province. Without the technical skill base required by the manufacturing industry, the province will be unable to compete in an increasingly global economic environment.

Ontario universities are a key source of labour force entrants with advanced levels of education and training. The university system of three and four year undergraduate degrees, plus post–graduate studies, prepares the majority of Ontario's white collar professionals, including managers and technical specialists. In the past decade there has been a surge in university enrollments, most notably in the numbers of women attending. Despite the recent changes in enrollment rates, the actual numbers of university students are expected to remain fairly static throughout the decade, and in fact taper off in the late 1990s. This projection is based on two assumptions: firstly, capacity constraints are limiting university intake; and secondly, the shrinking size of the youth cohort. As a result of declining enrollments, fewer graduates will be available to fill a greater absolute number of jobs. From the point of view of graduates seeking work, this may be a very positive development, but from an economic viewpoint, it points to the prospect of labour market shortages.

Despite some year–to–year variations, the longer–term trend is for increasing enrollments in arts and science, education, humanities and social sciences, and the health professions (Ministry of Skills Development, 1990, p.53). Agricultural and biological sciences have also shown marginally rising enrollments throughout the decade, although the greatest increase was in courses with direct labour market links such as business administration. The exception is enrollment in engineering and applied sciences programs. According to Canada Employment and Immigration's publication *Job Futures*, the recession of the early 1980s eliminated many engineering jobs and produced a notable decline in engineering enrollments, although enrollments recovered slightly in 1988 and 1989. Long–term enrollment declines have also been evident in computer sciences and mathematics.

Ongoing monitoring by Statistics Canada of the study field and occupational employment outcomes of graduates will produce a longer–term database which may provide a better predictor of the occupational dimension of the supply side of the labour market (EIC, 1991, p.25).

The fundamental changes occurring on the supply side of the labour market may have the overall effect of enhancing employment opportunities for persons with disabilities. Faced by the prospect of an impending shortage of skilled labour in the workforce, private and public sector employers will be looking more and more to skilled persons with disabilities to fill their job vacancies.

## *Labour demand*

According to this Ministry of Skills Development's report, *Ontario's Labour Market: Long–term trends and issues in the 1990s*, the key factors that are influencing the demand side of the labour market include: the growing importance of the service sector as the main source of new job creation; industrial restructuring in response to more intense competition from producers in other countries; and technological innovations to improve efficiency and product quality and to produce more sophisticated, higher value products. The exact nature of the jobs created will depend greatly on the industries that prosper in the province in an environment of freer trade and greater world competition.

### *Future industry employment patterns*

The industrial composition of employment reflects the industrial pattern of output and productivity in the economy. Over the post–war period, the share of national output accounted for by the service sector has tended to rise, and the share of the primary sector to decline, largely as a result of a declining contribution from agriculture. The share of the secondary sector (manufacturing and construction) has also declined (EIC, 1981, p.23).

It is projected that the distribution of jobs will shift dramatically towards the tertiary sector of the economy. By the year 2000, the share of total employment in service industries will be approximately 70.7%, up from 67.2% in 1986. This marked shift towards the service industries will involve job growth at the lower and higher levels of the skills spectrum.

Taken together, the wholesale and retail trade, finance, insurance, and real estate, public administration and community, personal, and business services will account for more than three–quarters of the new jobs in the economy. Health services and financial, insurance, and real estate services will each contribute 16% of employment growth in the 1990s, while business services will account for 11%. In contrast, manufacturing, construction, utilities, and the transportation and communications industries will make modest contributions to job creation. Moderate declines in employment are projected for agriculture and the other primary resource industries.

### *Projections of occupational employment growth*

Requirements for workers in different occupations and at different skill levels depend on the industrial distribution of employment and, within industries, on the extent to which technological change is causing a change in the skill or occupational mix (EIC, 1981, p.52). Given the complex interactions between market demand, growing international

competition, industrial restructuring and technological change, predicting occupational trends is difficult.

However, the general direction of the occupational shifts is clear. Occupations which require lower levels of education and training will represent a declining share of employment growth. In fact, job losses will occur in five broad occupations which on average require less than secondary school education (i.e. material handling, transportation, fishing/hunting, forestry logging, other crafts). The demand for highly-skilled workers, especially in managerial and administrative occupations, will rise dramatically (EIC, 1989, p.9).

Of all the jobs created between 1986 and the year 2000, 64% will require more than 12 years of education and training; almost half of these jobs will require more than 17 years of education and training (EIC, 1989, p.9). As new techniques are employed in office work and the production of goods and delivery of services, the emphasis will shift from semi-skilled jobs to higher-skilled technical jobs that place a premium on knowledge rather than physical strength or a capacity to undertake repetitive tasks for long periods of time.

According to the Ministry of Skills Development's report, most of the occupations that will have above average growth rates will be those in the managerial, professional and technical, and skilled trades categories; most notably occupations that generally require post-secondary education and training. In total, managerial, professional and technical occupations in science, engineering, health and teaching, and skilled trades jobs will account for more than half (55%) of the total forecast employment growth to the end of the century.

Within the managerial category, jobs for managers in health care, personnel and industrial relations, finance, sales and advertising are projected to have the highest growth rates. In the professional and technical jobs category, opportunities for systems analysts and programmers will continue to expand rapidly. The next highest growth rates will be for social workers and others in community and welfare work and for professional and technical jobs in health care: nurses, therapists, technologists, and technicians.

Jobs in sales and service will also grow quickly as expansion in the retail trade and personal service industries continues. The occupations with the highest projected growth rates are food and beverage serving and child care. Within the sales occupational group, positions for technical salespersons and jobs in real estate and advertising sales are predicted to have the highest growth rates. Jobs in protective service occupations such as firefighters, police officers, and guards and other security jobs are projected to increase, but the rate of growth will not be above average.

In the scientific and engineering fields, architects and electrical and industrial engineers are expected to have the most job opportunities. Technologists and technicians will also have positive employment growth.

With respect to the educational system, the largest number of job opportunities will be for vocational and educational counsellors, and elementary and secondary school teachers. In contrast, jobs for college and university teachers will grow at a very slow pace in the 1990s.

In the clerical and related group, employment will expand for some job categories and decline for others. Those with above average employment growth rates will be travel clerks, hotel clerks, tellers and cashiers, and electronic data processing equipment operators. Opportunities will decline for telephone operators, clerk typists, statistical clerks, office machine operators, and file clerks. This decline in job opportunities is a direct result of improvements in productivity and changes in staffing patterns associated with the new technological innovations.

Within the skilled trades, electronic equipment installers and repairers, wire communication equipment installers, electrical equipment installers and repairers, chefs and cooks, and cabinet and wood furniture makers are expected to have the highest rates of job growth. Employment for brick and stone masons and tile setters, plumbers, carpenters, and business and commercial machine mechanics is projected to increase at a rate close to the overall growth rate for skilled trades jobs.

Employment in product fabricating and assembling, transportation equipment operating, and materials handling is also projected to expand, but jobs in these categories will increase at less than the overall rate of job creation. In contrast, growth in processing and machining jobs will be well below average. The number of jobs in agriculture, horticulture, forestry are also forecast to decline. There are two general exceptions to this trend: jobs for nursery workers and jobs in forestry conservation will increase.

A summary of the 50 occupational groups which will contribute the most to employment growth in the next decade is appended.

The changes occurring on the demand side of the labour market may have an overall effect of enhancing the employment opportunities for persons with disabilities. As the emphasis shifts from semi–skilled jobs to higher–skilled technical jobs that place a premium on knowledge rather than physical strength, or a capacity to undertake repetitive tasks for long periods of time, disabled workers will be able to compete on an equal basis.

## *Monitoring labour market trends*

The previous section provided an overview of the projected trends in the industrial and occupational mix of jobs, as well as the fundamental changes occurring in the demographic composition of the workforce. It is important that Board vocational rehabilitation staff understand these trends so that they can better guide injured workers' vocational decisions. As previously noted, it is the interaction between the supply and demand that will determine market conditions, and thus the potential for success of injured workers seeking employment. Given the dynamic nature of the labour market, labour market information can often become obsolete very quickly. Information on industrial and occupational projections must also be used cautiously since the projections are accurate only insofar that

the assumptions upon which the projections are based are not violated. It is, therefore, essential that the information be updated on a regular basis.

According to Employment and Immigration Canada (1981), a labour market information system must meet the following criteria:

- It must supplement adequate information on the current state of the labour market for placement and hiring purposes by providing a medium–term outlook for manpower planning, mobility and training purposes; and a long–term outlook for strategic corporate planning, career decisions, planning and training programs.
- The time horizon must be consistent with the needs of employers, workers and government. These range from current information on labour market conditions for placement and hiring purposes to medium to long–term information for guiding training and many forms of intervention strategies (i.e. job development).
- Information should be renewable. The system should be set up so that both short–run and long–run needs can be updated to include the impact of changing economic and sociodemographic conditions.
- A range of estimates should be provided. Given the uncertain nature of most of the demand forecasts, potential variance in forecast data should be included.
- Information should be disaggregated in a meaningful manner. It should be subdivided by skill categories that are consistent with the differentiation established by demand (i.e. interchangeability in the workplace between industries) and supply (i.e. the training and certification procedures). It should also be subdivided geographically into separate regional requirements. A major objective of the labour market information system must be to provide regional demand forecasts of labour skills for the medium and longer–term.
- The system must have access to expertise in both the public and private sectors. Regular inputs from labour unions, industrial firms, financial institutions, provincial governments and federal agencies are required.

The development of an information system having these attributes would greatly enhance the efficiency and the effectiveness of the vocational rehabilitation process.

At the present time, information on the prospects for labour demand and supply in the aggregate, by industry and/or by occupation is collected and analyzed by a number of institutions, both public and private. The major, basic sources of statistical information are drawn from regular Statistic Canada surveys such as the Labour Force Survey. This information is supplemented by data from occasional Statistics Canada surveys, surveys and forecasts compiled by organizations such as the Conference Board of Canada and industrial and professional associations, and by special analyses undertaken by Employment and Immigration Canada and other federal and provincial agencies.

A list of current sources on labour market trends and developments follows. It is important to note that the list is not exhaustive and, given the dynamic nature of the labour market, should be updated on a periodic basis.

It is evident that monitoring labour market trends is an arduous task. Currently, the Board has only one labour market analyst working within the Client Services Division. There is obviously a need for additional resources in this area. Furthermore, the Board must explore ways to compile, organize and distribute the information to Board staff. As previously noted, the development of an on–line information system having the attributes recommended by Employment and Immigration Canada would greatly facilitate the task.

The Government of Ontario's recent announcement of the proposed creation of an Ontario Training Adjustment Board (OTAB) would also address this issue. One of OTAB's key responsibilities in policy development and in the initiation of new workplace and training practices will involve developing a base of provincial and local labour market information. OTAB, in cooperation with government and other provincial or national organizations, will conduct, integrate and analyze labour market research and data collected at the national, provincial, sectoral and local levels. If the Board were able to linkup with OTAB's information base, there would be no need for the creation of a similar data base at the WCB nor would there be a need to purchase numerous sources on labour market trends.

## *Recommendations*

An analysis of Ontario's economy and of the emerging trends in the demand and supply of the labour market reveals that injured workers are facing great challenges and barriers to employment. The Board can, however, help injured workers to overcome these challenges by ensuring the vocational rehabilitation process is compatible with and responsive to the demands of the labour market. For example, because labour market information is essential in defining the types and levels of skills injured workers need to re–enter the workforce, it should be a prerequisite when making any decision relevant to training.

Given the importance and relative significance of labour market information for vocational planning, it is recommended that:

- Four labour market analysts be hired to monitor labour market trends in the province of Ontario. Each labour market analyst will be responsible for one of the four geographic regions.
- The Board investigate the possibility of linking up with the Ontario Training Adjustment Board's (OTAB) data base of provincial and local labour market information. In the event the link up is not feasible, it is recommended that the Board set up an on–line data bank to organize and collate information on labour market trends and projections by industry, occupation and region. The data bank will be maintained by the labour market analysts and will be available to all vocational rehabilitation caseworkers.
- The Board acquire the information sources that the labour market analysts would need to monitor labour market trends in the event the link–up with OTAB is not feasible or is in the too distant future.

# *LABOUR MARKET INFORMATION SOURCES*

## *Federal Sources*

*Employment and Immigration Canada* – periodic publications

Success in the Works: A Profile of Canada's Emerging Workforce (1989)

District Economist Office: Regional Offices produce industry sector studies which examine skill shortages, and occupational projections based on expected industry growth. District Offices conduct studies on specific geographical areas. For example, the Northern District Office will examine industry trends in construction, services, forestry and mining. The reports may summarize the activities in the various industries and may project for the next year or two, in terms of industry growth, labour force participation. The quarterly report for the Toronto district, for example, provides information on unemployment rates and other labour force measures by industry (eight groups), occupation (nine groups), age and sex. The data for these Ontario labour market reports comes from unpublished Statistics Canada data from the labour force, as well as CEC data on UI claimants and on job vacancies.

*Economic Council of Canada* – periodic publications

Transitions for the 1990s (1990)

Good Jobs, Bad Jobs: Employment in the Service Sector (1990)

Making Technology Work: Innovation and Jobs in Canada (1987)

*Labour Canada*

The Bureau of Labour Information provides information on trends in negotiated wage settlements, incidence and characteristics of benefits and working conditions, collective agreement language and highlights of recent major collective bargaining settlements. The requests for information can be made via a toll–free telephone number.

*Statistics Canada*

Labour Force Survey

Survey of Employment, Earnings and Hours

Perspectives on Labour and Income – periodic publication

Canadian Economic Observer – periodic publication

*Job Futures*

Job Futures is a product of the Canadian Occupational Projection System (COPS), a labour supply and information data bank designed by Employment and Immigration Canada. COPS uses computer models to produce three to eight year estimates of future occupational demand and supply, by industry, year and province for about 500 occupational groups. In addition, COPS undertakes or funds sector specific studies to qualitatively assess, through expert opinion and analysis, the impact of technological change, work pattern shifts, etc. on the occupational composition of selected industries; five or six sector studies are carried out each year with the information generated being used to adjust the projections of supply and demand for occupations, sectorally.

*Canada Employment Centres*

Canada Employment Centres (CECs) are mandated pursuant to the *Unemployment Insurance Act*, National Employment Service Regulations to collect, analyze and disseminate data on job openings, workers available, prevailing wage rates, employment conditions and the wider trends in the labour market at the national, regional and local levels.

CECs activities in respect of labour market information include improving the accessibility of existing material which is already available in one form or another, such as employer lists and a more detailed profile of selected employers (including their hiring methods); characteristics of available labour supply and detailed characteristics of workers available; employment opportunity information and prevailing trends in wages and conditions of employment.

In 1985, a study team for the Task Force on Program Review found that CEC generated labour market information was generally viewed as unreliable and of little use to employers, employees, training authorities and even within Employment and Immigration Canada (EIC). CECs are seen as having a vast store of unique local labour market information, but do not seem to be able to produce it in useful form. In addition, the quality of the information collected varies from region to region, in that some CECs have dedicated resources to the function, while in others, it is incidental to other activities. Moreover, the negligible impact of CECs on the placement market also limits the value of its aggregated job information. According to the Economic Council of Canada, only 23% of the available job openings are filed with CECs.

*Local Advisory Councils*

The major function of Local Advisory Councils (LACs) is to advise CEC managers on planning activities and the local mix of Canadian Job Strategy (CJS) programs, in order to ensure that the mix and delivery of programs and services best suit community needs. LACs are intended to play a major role in the planning and administration of federal employment and training programs and may be a useful resource for monitoring and identifying local labour market issues, trends and opportunities. The Councils normally include the following:

- a representative of the local Chamber of Commerce
- representatives of community business and industry sector organizations
- a representative from the local labour council or organizations representing workers and the unemployed
- representatives of local women's organizations
- a representative of local youth organizations
- representatives from other special interest groups who also have an interest in the local labour market, such a voluntary organizations and those representing designated and special group members (i.e. disabled)
- a representative of the education sector

As of June 1988, LACs had been established for 160 of 188 CECs outside Quebec. Almost half of these, however, were classified as "established but dormant". In 1990, the situation was relatively unchanged.

*Community Industrial Training Committees (CITCs)*

Another local advisory body is the so called "coordinating group" which plans and purchases training to meet the particular needs of employers. In Ontario, there are a total of 59 "coordinating groups" which are referred to as Community Industrial Training Committees (CITCs).

CITCs have more clearly defined functions than LACs and a greater degree of autonomy. Employment and Immigration Canada (EIC) has set out conditions relating to the composition of

coordinating groups (CITCs in Ontario). They must have sufficient representation from business, industry and labour so as to adequately represent the interests of the labour market. They also include representatives of other interest groups, such as education and government. However, representatives of government and training institutions, such as community colleges, are permitted to have an advisory role only.

In order to assess local training needs, CITCs carry out surveys that concentrate on local labour market needs and provide insight into specific and general occupational skill shortages. It should be noted that not all CITCs carry out annual surveys. The surveys vary in scope and in occupational and industrial coverage depending on the focus of the individual CITC. However, when used in conjunction with other sources of data on labour market conditions they are a valuable source of information in assessing local labour market needs in Ontario's economy.

## *Provincial Sources*

*Ministry of Labour*

Quarterly Report on Labour Market Developments in Ontario
Report essentially "repackages" data from the Labour Force Survey, often based on special unpublished tabulations. Tabulations essentially involve the labour force, employment, unemployment and unemployment rates by province, age, sex and 10 metropolitan areas.

*Ministry of Skills Development* – periodic publications

Ontario's Labour Market: Long–Term Trends and Issues in the 1990s

Adjusting to Change: An Overview of Labour Market Issues in Ontario

Publishes a list of shortage occupations on occasion. Last list was published in 1987.

Coordinates the surveys done by local Community Industrial Training Councils (CITC), value of each report varies.

*Ministry of Colleges and Universities*

Community college placement offices produce reports on the placement of previous year's graduates in various programs. If very high proportions of graduates are finding jobs related to their programs of study, one may conclude that labour demand in those related occupations is very strong.

The Ministry of Colleges and Universities publishes a report that summarizes placement findings for all colleges and universities. Most recent report was published in 1989.

Community colleges submit to the Ministry of Skills Development an annual assessment of labour market demand in its geographical area as part of the overall planning process to identify training requirements for funding under the Canada–Ontario Training Agreement.

*Ministry of Industry, Trade and Technology* – periodic publications

Publishes a monthly report on business activities reported to the government such as closures, layoffs, openings and expansions.

Unions or trade associations – may provide information on occupational and industrial trends.

*Ministry of Treasury and Economics*

Ontario Economic Outlook (1991)

Ontario Fiscal Outlook (1992)

# *PART 2*

# *INTERVENTION STRATEGIES*

# *Chapter 6*

# *Strengthening the Vocational Rehabilitation Strategy*

Two years have passed since the Vocational Rehabilitation Strategy was first implemented in Board offices across the province. The importance of monitoring and evaluating the strategy was highlighted in the Board's document "Vocational Rehabilitation Strategy", Board Minute, No. 2, April 7, 1988, Page 5228:

> No compensation jurisdiction has done comprehensive monitoring of the effectiveness of vocational rehabilitation, and it is therefore difficult to formulate precise prescriptions for improvements to any model of vocational rehabilitation service delivery. This absence of data increases the importance of tasks of monitoring and evaluating the results of the implementation of this strategy, particularly with respect to the rates and timing of return to work, and the relationship between early intervention and successful rehabilitation.

A number of studies have recently been carried out to determine if the strategy's concepts are having an impact on stated program goals and outcomes as expected as well as to assess stakeholder satisfaction with vocational rehabilitation services. Two studies in particular are useful for evaluating the impact of the Vocational Rehabilitation Strategy since they compare workers' outcomes and vocational rehabilitation services received prior to the implementation of the Vocational Rehabilitation Strategy (pre–Bill 162) and during the transitional implementation phase (post–Bill 162): The follow–up telephone survey and the claims file review. These studies are discussed at length in Chapter 3.

The companion document provides a review of approaches taken in other jurisdictions both within the compensation context and beyond and enables the founding principles of the Board's Vocational Rehabilitation Strategy to be compared and assessed with those of other jurisdictions. As noted in that review, the hierarchy of objectives that is the foundation of the Vocational Rehabilitation Strategy is in place in many other jurisdictions.

### *Hierarchy of objectives*

The Vocational Rehabilitation Strategy's primary goal is to lessen the impact of work–related injury and disease by helping the injured worker re–establish, as much as possible, his or her pre–accident earnings profile. To accomplish this goal, the strategy focuses on a hierarchy of objectives which guides the vocational rehabilitation efforts. The hierarchy is as follows:

1. return to the pre–injury job with the accident employer
2. return to work with the accident employer in a comparable job
3. return to work with another employer in a comparable job
4. return to suitable work with the accident employer
5. return to suitable work with another employer

Comparable work refers to a job which is similar in terms of duties and earnings to the pre–accident job. Suitable work refers to a job which is substantially different in terms of either duties or earnings to the pre–accident job.

The Board's vocational rehabilitation staff work through this hierarchy of objectives with the worker using appropriate methods to enable the worker to re-enter the work force at the highest level possible.

As evidenced by the jurisdictional review, the hierarchy of vocational rehabilitation objectives utilized in Ontario is used in other North American jurisdictions. Studies have shown that programs which minimize the upheaval in the worker's environment are the most cost-effective. Accordingly, every attempt is made to meet the vocational rehabilitation objective while making as few changes as possible in the worker's life. Moreover, modified or alternative work in the same type of employment and in the same or similar work environment provide the best chance for successful rehabilitation.

The findings of the Board's follow-up telephone interview survey confirm the generally accepted view that an injured worker's most probable path of vocational success lies with the accident employer. The study yielded the following results regarding workers' employment status post-injury:

1. Return to the pre-injury job with the accident employer
   pre-Bill 162: 12.9%
   post-Bill 162: 44.1%
2. Return to work with the accident employer in a comparable job
   pre-Bill 162: 4.7%
   post-Bill 162: 7.8%
3. Return to work with another employer in a comparable job
   pre-Bill 162: 5.3%
   post-Bill 162: 0.8%
4. Return to suitable work with the accident employer
   pre-Bill 162: 12.9%
   post-Bill 162: 16.5%
5. Return to suitable work with another employer
   pre-Bill 162: 20.0%
   post-Bill 162: 6.9%
6. Self-employed
   pre-Bill 162: 1.8%
   post-Bill 162: 1.2%
7. Did not return to work
   pre-Bill 162: 42.4%
   post-Bill 162: 22.8%

As stated in earlier discussion, the documented success of post-Bill 162 cases may be attributed to the fact that these cases were inappropriately activated and consequently required virtually little or no vocational rehabilitation intervention.

The research data reported above support the generally accepted view that the most optimistic goal for the worker is a return to work with the accident employer. In light of these findings it is recommended that the hierarchy of objectives be revised placing **return**

**to suitable work with the accident employer** (#4) ahead of **return to work with another employer in a comparable job** (#3). The study's findings support the conclusion that the most optimistic goal for the worker is a return to work with the accident employer. Where the objective is return to work with another employer in a comparable job, the return to work rate is lower and the duration of vocational rehabilitation is greatly increased. Also, the Board has, both through the Vocational Rehabilitation Strategy and the establishment of Integrated Service Units based on employer postal codes, emphasized the strong necessity to maintain the link between the injured worker and the accident employer.

A return to comparable employment with higher earnings clearly does more in the first instance to satisfy the goal of re–establishing, as far as possible, pre–accident earnings profile. However, within a wage loss system, there is a strong incentive on the part of the employer to mitigate the worker's wage loss. Therefore, when a worker is re–established with the accident employer at suitable work and there is a wage loss, the employer has an incentive to return the worker to comparable employment as soon as possible. From a human resources perspective, employers gain by having the opportunity to retain the valuable experience of their workers. Additionally, it makes good financial sense for employers to minimize wage loss, especially if the employers' assessments are tied to experience rating. Furthermore, the survey results support the conclusion that there is a higher likelihood of substantiality of employment with the accident employer. While the hierarchy may not apply in each and every case, it is generally expected that vocational rehabilitation efforts will be directed in accordance with this hierarchy.

In view of the fact that a worker's most probable path of vocational success lies with the accident employer, the Board must take full advantage of the re–employment provisions in the *Workers' Compensation Act* to ensure that workers capable of returning to the essential duties of their pre–injury job or to suitable employment have full employer cooperation.

### *Early intervention*

There is widespread acceptance of the importance of early intervention to the success of vocational rehabilitation. While the definition of "early" varies among jurisdictions, organizations providing vocational rehabilitation services recognize that contact must be made prior to the achievement of maximum medical rehabilitation. Various studies have shown that early referral leads to a significantly higher return to work success rate. For example, a guiding principle of the German system is "rehabilitation before pension".

Before the Vocational Rehabilitation Strategy, referrals for vocational rehabilitation service were made on average 18 months after injury when workers' permanent disabilities were rated for pension. Though undoubtedly all those who received vocational rehabilitation assistance required it, it is unknown how many workers who were in need of vocational rehabilitation services never received the appropriate assistance.

To ensure that workers needing vocational rehabilitation are properly identified, the strategy established three "entry points" for referral to vocational rehabilitation. In

compliance with the legislative requirements of Bill 162, injured workers not yet receiving vocational rehabilitation services should initially be contacted by their claims adjudicator to assess their need for these services 45 days after a claim is registered. If the worker is not referred for vocational rehabilitation at this 45 day period, he or she should be contacted every six weeks thereafter. Within six months, all injured workers who can benefit from and are in need of vocational rehabilitation should be assessed and, where appropriate, offered these services. In every case, it is determined whether additional medical rehabilitation would be helpful and could result in return to pre–accident employment and, if appropriate, a referral is arranged.

From an evaluative perspective, it is difficult to develop a methodology to measure the effect of early intervention, holding all other factors constant. For example, it may be that cases that are easier to rehabilitate are activated first so that from a statistical perspective it would appear that earlier intervention results in higher return to work rates. Utilizing the data from the Economic Loss Census of Injured Workers (pre–Bill 162), an attempt was made to measure the effect of early intervention. Cases were divided into two groups: earlier intervention and later intervention and were correlated for the same personal, injury and other characteristics to ascertain any differences in return to work rates. The preliminary results indicate that early vocational rehabilitation intervention can increase the probability of return to work. However, the results also suggest that there may be certain categories of workers for whom the probability of return to work will not be greatly affected by the timing of vocational rehabilitation interventions.

### *Shared partnership*

Most jurisdictions recognize the need for the participation and involvement of various parties in the vocational rehabilitation process: the worker, the worker's treating physician, the employer, and the union or worker association.

An underlying premise of the Board's Vocational Rehabilitation Strategy is that for success to occur in vocational rehabilitation programs for injured workers, it is necessary to have the full cooperation and effort of all parties who are affected by the injury.

The worker is of course the most important partner in any vocational rehabilitation program and must be involved in a very active way. The worker must assume active responsibility for the rehabilitation effort. For the worker, this means participation in the process of setting realistic timetables and goals, and it means making a major commitment to the process of rehabilitation. To aid the worker in assuming these responsibilities, Board staff must provide knowledge–based advice about achievable goals and expectations and must explain fully the nature of the worker's undertaking.

Likewise, the academic literature and the Board's experience suggest strongly that the probability of success is greatly increased if an employer (either the accident or a a new employer) is involved in the process. The likelihood of long term success of a vocational rehabilitation program is enhanced when the worker's ongoing relationship with the accident employer is encouraged to continue after the injury. This helps to minimize another source of disruption in an injured worker's life.

The worker's treating physician should also play a role in this approach to vocational rehabilitation. The rehabilitation team (the worker, the employer and vocational rehabilitation and other professionals) will depend on the treating physician initially for a medical opinion of the likelihood and timing of return to work, and also for ongoing medical advice about the functional capabilities of the worker.

The findings of the follow–up telephone interview survey support the general tenet that successful vocational rehabilitation hinges on the full cooperation and effort of the worker, the employer, the treating physician and the WCB caseworker. According to the study, when asked which member of the vocational rehabilitation team played a key role in the worker's return to his or her pre–accident job, most workers credited themselves followed by their doctor, employer and WCB vocational rehabilitation services.

### *Goal–oriented rehabilitation plans*

In the past, there was criticism of the lack of real involvement of injured workers and employers in the vocational rehabilitation effort. The strategy therefore requires that these parties, as well as the worker's treating physician, be actively involved in the planning and execution of vocational rehabilitation programs.

To achieve this active participation by all affected parties, the chief tool is a structured vocational rehabilitation plan, formulated and agreed upon by the worker, employer, physician and the Board. These plans identify problems inhibiting a return to work, allocate clearly the responsibility for the particular activities aimed at the rehabilitation of the worker, and set a timeframe within which all parties are to complete these activities.

The development of a goal–oriented written vocational rehabilitation plan is a fundamental component of the vocational rehabilitation process in most jurisdictions. Participation of the worker and the employer in the development of this plan is also very common. Such plans facilitate an understanding of the process by all parties and help to ensure the cost–effective achievement of the vocational rehabilitation goals.

In compliance with the VR strategy, all parties, which includes the worker, the employer, the treating physician and the caseworker, are required to sign the VR plan. This requirement is to ensure that all parties are fully committed to achieving the goals as negotiated and set out in the VR plan. However, past experience has shown that the formality of signing the plan is not as critical as ensuring that all parties are committed to its contents. Although the ceremony of signing the plan may no longer be necessary, the responsibility and commitment of each party with respect to the formulation and execution of the plan remain.

In the follow–up telephone interview survey, 31.1 % of post–Bill 162 cases reported that a vocational rehabilitation plan had been developed for them in contrast with 25.2% of pre–Bill 162 cases. When indicating who was involved in the development of the VR plan, post–Bill 162 cases reported more often that their employer and doctor were involved than pre–Bill 162 cases. Interestingly enough post–Bill 162 cases cited the participation of their vocational rehabilitation caseworker (77.8%) much less often than pre–Bill 162

cases (91.4%). Both pre–Bill and post–Bill 162 cases reported that they were significantly involved in the development of their vocational rehabilitation plan.

The second phase of the vocational rehabilitation claim file review study should provide additional information on vocational rehabilitation plans and enable a more in–depth analysis of whether the Board is complying with the strategy's requirement for a VR plan.

### *Recommendations*

Overall, the evaluative studies conducted to date and the jurisdictional vocational rehabilitation review indicate that the principles of the Board's vocational rehabilitation strategy are sound and well founded.

In view of the foregoing, it is recommended that:

- The strategy's hierarchy of objectives be revised to reflect that an injured worker's most probable path of vocational success rests with the accident employer. Accordingly, the vocational rehabilitation objective of return to suitable work with the accident employer will be placed ahead of return to work with another employer in a comparable job.
- The formality of having all parties (worker, employer, treating physician and caseworker) sign the vocational rehabilitation plan no longer be necessary but that the responsibility and commitment of each party with respect to the formulation and execution of the plan continue.

# *Chapter 7*

# *Ergonomics and accommodation*

The reintegration of injured workers into the workforce is dependent on various intervention strategies. One strategy that can be applied to the vocational rehabilitation process is based on an ergonomics model. This chapter will discuss the application of this model to the vocational rehabilitation process as an effective method to facilitate the successful job placement of injured workers.

## *The application of ergonomics to vocational rehabilitation*

For a worker, the application of ergonomics to the worksite can enable a return to the former job with equivalent earnings. For an employer, it can mean earlier return to work of a productive employee and, therefore, substantial savings in rehabilitation costs. Ergonomics can be a powerful intervention to enable workers to meet the highest level of the vocational rehabilitation strategy's hierarcy of objectives. However, there are many injured workers who cannot return to the former job but are prepared and qualified to return to alternative employment. Too often their return to work efforts are blocked by work and workplace barriers. Ergonomics can be used to mitigate these barriers.

Ergonomics, for the purposes of this discussion, is defined as the science of adapting work environments to suit the capabilities and characteristics of individual workers. Worker characteristics such as age, physical capabilities, and work tolerance can affect the ability of workers to successfully perform jobs. Ergonomics considers the design of the workplace, tools and equipment, work methods, the working environment, and worker capabilities and limitations to determine the best "fit" between the worker and the job.

To facilitate the early return to work of an injured worker, and to reduce the risk of further accidents and injuries in the workplace by determining the compatibility between the job and worker, job analysis is used. Ergonomics intervention such as job analysis is used to modify work and workplaces to accommodate disabled workers. Job modification is a process whereby existing job or job tasks can be changed to accommodate the capabilities of workers while maintaining the expected level of productivity (Brolin and Webster, 1978).

Job analysis identifies:

- the frequency and duration of each work activity performed
- the tools and machines used
- the mental skills involved such as reading, writing, reasoning, memory, observing, or making mathematical calculations
- physical–environmental characteristics such as air quality, acoustics, thermal factors
- the location and physical design of work areas, and
- the demands placed on the worker by activities such as lifting, bending, or climbing (Mancuso, 1990)

Through job analysis, the essential duties and the corresponding activities to perform these duties are identified. If the essential duties involve activities that exceed the worker's capabilities, work and workplace modifications are used to accommodate the worker.

Ergonomics can make its greatest contribution to vocational rehabilitation by matching the demands of a potential job with the capabilities of the worker through work and workplace modifications that accommodate the injured worker. The following describes accommodation within the rehabilitation approach:

> accommodations may be viewed as modifications to the work environment that mitigate the handicapping effects of a worker's disability. The goal in making accommodations is to assist the disabled person to function successfully in the role of employee (Mancuso, 1990).

### *Knowledge and information concerning the worker's capabilities*

Before any modifications are made to accommodate an injured worker, the worker, employer, and vocational rehabilitation caseworker must have an understanding and knowledge of the worker's functional capabilities and skill levels. This may be accomplished by interviewing the worker, by a medical examination or a more comprehensive evaluation such as functional abilities evaluation. Once this information is obtained, the caseworker, worker, and employer can apply it to the work context. This is achieved by comparing the demands of the job and the worker's abilities to determine worker–job compatibility. If there is a mismatch between the job demands and the worker's capabilities modifications can be made to the job to accommodate the worker.

Board caseworkers report that it is sometimes difficult to obtain relevant medical information regarding the nature of the work injury, the resulting limitations, and future potential capabilities of the worker. Once this information is available, the challenge is to interpret the medical findings in a work context.

### *Work and workplace modifications and assistive devices*

Modifications to the work or workplace are highly individualized and should be determined on a case by case basis and include the participation of the disabled worker and the employer. As well, the support of the employer, and where applicable the union, should be secured to ensure successful placement of the worker at the worksite.

There are a range of changes that can be introduced to modify a job. Modifying a job may require a simple modification such as allowing for variable work hours. Or, the accommodation may be more complex. For example, a worker with a back disability with limited bending movements can be accommodated by modifying the job to eliminate the need for such movements. Modification could include mechanical devices to reduce the amount of lifting. High energy and endurance demands can be reduced by providing mechanical assistance or reorganizing the job so that the strenuous activity is taken over by someone else (Leibtag, 1981). In the report, *Workable: Fulfilling the Potential of People With Disabilities* (1990) the argument is made that most job modifications are relatively simple, provided the employer is aware of what is needed to correct the problem.

Physical inaccessibility to the workplace is an obvious barrier to employment. But accessibility goes beyond the provision of wheelchair access. To make the worksite

accessible employers may need to widen access areas, rearrange work stations, affix braille labels, and add amplifiers and touch–tone mechanisms to telephones (Ontario Advisory Council for Disabled Persons, 1990, p.48). From the Board's experience, these are not the bulk of the required modifications and are infrequently needed to accommodate injured workers.

For new employers who offer permanent employment to disabled workers, both work and workplace modifications may be funded by the Board. Board policy (OP Manual 07–03–04) includes but is not limited to the following modifications:

- making facilities readily accessible to and usable by injured workers
- job restructuring and altering the ways tasks are accomplished
- creating part time or modified work schedules
- acquiring or modifying equipment or devices, and
- providing assistants and support staff

These modifications reflect those outlined in the Ontario Human Rights Commission's *Guidelines for Assessing Accommodation Requirements for Persons With Disabilities.*

Labour market trends suggest increasing numbers of jobs that will utilize computers or related technology. Disabled workers who are adequately trained and are equipped with the necessary assistive devices can better access these job opportunities. Scadden discusses the importance of assistive technology:

> We already know from the experiences of the last five to ten years that disabled people can compete successfully for most electronically based employment situations because specialized technology can provide them with the necessary alternative means for accessing computers (1986, p.45).

Assistive technology is a means of promoting the employment of disabled workers. Carney states that:

> With technology, it is now possible to access tasks that just a few years ago were off limits to people with disabilities. From something as relatively simple as lowering or raising a desk top to something as complicated as state–of–the–art computer systems, technology now makes it possible for full participation (1991, p.3).

### *Caseworkers determination of the need for accommodations*

The vocational rehabilitation caseworker's level of knowledge and skill related to basic worksite modifications is reported in the focus group study documented in this paper. The findings indicate that caseworkers express a lack of confidence in their ability to determine essential duties of the injured worker's job (completing the general vocational rehabilitation assessment form). They reported that determining essential duties to be time consuming and some caseworkers felt that they lacked sufficient expertise to

determine what is essential to accomplish the job objectives. As well, caseworkers reported that general practitioners are not always willing to specify prognoses or restrictions on injured workers and as a result, caseworkers spend a great deal of time tracking medical information. Professional development seminars would provide caseworkers with ongoing training in basic ergonomic principles.

Many modifications needed to accommodate the disabled worker are simplistic and require a basic understanding of ergonomic principles on the part of vocational rehabilitation staff. However, where the need to accommodate disabled workers is a more complex undertaking, the caseworker consults and/or refers the case to a Board worksite analyst. The primary functions of the worksite analyst are to conduct on site analyses, provide an opinion as to the physical suitability of a specific job, and provide recommendations as to how a workstation(s) can be modified to enhance the fit between the worker and the workstation. (OP Manual 07–01–03). Vocational rehabilitation staff should develop cooperative working relationships with employers and unions to plan accommodations and to ensure ongoing support for the disabled worker at the worksite once accommodated (Whitehead, 1991).

When necessary, worksite analysts should be able to access specialist advice. It is recommended that the Board hire two ergonomic specialists. These specialists would also be involved in the education of business and labour representatives about the use of accommodations as described later. See chapter 8.

The Physical Demands Analysis (PDA) worksheet developed by the Centre for Disability and Work, Ministry of Labour is used by many employers in Ontario to obtain specific information on how a job is performed and to determine the essential duties of a job. The PDA is also recognized by the Ontario Human Rights Commission. The Centre for Disability and Work is currently reviewing the PDA.

### *Overcoming obstacles to the ergonomics program*

Disabled workers, employers, and Board staff are gradually becoming aware of the need for job analysis. However, the application of ergonomics has not kept pace with this increased awareness, perhaps because many employers and workers do not understand what ergonomics is, why it should be used and how inexpensive it can be.

Village (1991), an ergonomics specialist, discusses various obstacles to the implementation of an ergonomics program by management and labour including:

- senior managers are unaware of ergonomics
- supervisors are concerned about productivity
- union leaders are suspicious of change
- workers are indifferent to problems in the workplace, and
- economic and personnel resources are unavailable

Some suggestions made by Village to overcome these obstacles include:

- advising management and unions of successful ergonomic case studies by their peers
- informing and educating employers about ergonomics and its benefits
- convincing management that time and dollars invested in the short term will result in savings in the long term and minimize future problems
- measuring productivity before and after changes to the workplace are made, and
- involving workers in identifying and solving ergonomic problems

### *Recommendations*

The full application of ergonomics as part of the vocational rehabilitation process has not been realized to date. Efforts must be made to ensure that the use of ergonomics for the reintegration of disabled workers be actively promoted with disabled workers, employers, and unions.

It is recommended that:

- Vocational rehabilitation caseworkers, as part of their ongoing training, receive training in the application of basic ergonomic priniciples.
- Vocational rehabilitation staff actively promote the use of ergonomics as an effective intervention strategy in returning injured workers to work with both accident and new employers.
- Injured workers, employers, and where possible, union representatives participate with vocational rehabilitation staff to make modifications to accommodate injured workers.
- The Board hire two ergonomists whose role would include the provision of technical advice, education and consultation regarding the accommodation of injured workers to both internal and external clients.

# *Chapter 8*

# *Education about accommodation*

To promote the use of work/workplace modification to accommodate injured workers, it is proposed that the Board actively pursue a program of educating employers, employers' associations, workers, unions and injured workers' associations about the benefits and methods of accommodating injured workers, in combination with an initiative which recognizes employers who take measures to accommodate injured workers.

### *Education*

Despite the present statutory obligation to accommodate, as well as the existence of a Board policy on the issue, many employers don't understand what accommodation is, how it can be accomplished, and what the benefits of accommodating workers are.

Section 54 (formerly s. 54b) obliges employers to re-employ workers who on the date of injury had been employed continuously for at least one year by the employer. Under s. 54(6), employers are obliged to "accommodate the work or the workplace to the needs of a worker who is impaired as a result of the injury to the extent that the accommodation does not cause the employer undue hardship". This statutory obligation to reinstate workers that arose from Bill 162 is still relatively new. While larger employers with more frequent contact with workers' compensation are becoming aware of their obligation, smaller employers are less likely to be cognizant of their responsibility to re-employ injured workers. The Board must educate large and small employers about their statutory duty. Employers put great effort into the initial recruitment of workers and they must be encouraged and made aware of the need to put the same effort into the re-employment of their injured workers. The Board recognizes that in order to meet this obligation, employers will need to be educated about accommodation.

The first step is to demonstrate to employers the benefits of accommodation. Employers need to be aware that through accommodation, they are not returning individuals who are unable to do the work, they are simply assisting workers so that they can do the work alongside their non-disabled colleagues.

While it is very important for the employer at the corporate level to recognize that the company will achieve financial benefits through the accommodation and re-hiring of disabled workers, it is even more critical for front line supervisors to fully understand the advantages of work and workplace accommodation. Supervisors on the front line may have the misperception that returning injured workers to work will impede productivity. They especially need to be made aware that workers effectively accommodated can be as productive as their non-disabled colleagues, and that costs can be reduced by hiring disabled workers.

As stated earlier, many employers may be willing to accommodate, but do not understand how it should be done. For example, they might understand the concept of making a facility accessible, but may be unsure as to how to go about making this change happen. There is a common misconception that accommodation necessarily involves significant alterations; employers are not aware that small modifications are usually all that is needed, and that these small changes can have substantial impact on the working life of the worker.

Therefore, it is necessary to develop a strategy for educating employers about accommodation, that is, about the statutory obligation to re–employ, the statutory obligation to accommodate, the methods of accomplishing worker accommodation, and resources available to assist employers. Such a strategy will become one component of a comprehensive approach to reintegration, one that addresses the needs of all the parties involved, and finds ways to support the crucial partnership between workers and employers.

An important resource that Board staff ought to inform workers and employers about is JAN – the Job Accommodation Network in Canada. JAN is a toll–free international information network and consulting resource which seeks to enable qualified workers with disabilities to be hired or retained. It can provide employers with information about practical ways of making accommodations for workers with disabilities. The JAN database contains examples of job accommodation case histories and information regarding technical devices available to aid persons with disabilities on the job.

The Board should develop working relationships with organizations which provide information, advice and education regarding ergonomics and accommodation.

In addition, the Board should consider a two–pronged approach to education:

*Accommodation seminars*

It is proposed that the Board hold free seminars on accommodation across the province for anyone who wishes to attend. These seminars should be developed in cooperation and coordination with any other public sector agencies interested in becoming involved.

It would be necessary to promote these seminars far ahead of time so that workers and employers would be aware of these seminars and could attend.

The seminars would feature Board personnel expert in this area as well as external experts on accommodation in general and ergonomics in particular. The seminars could be organized as ergonomics 'trade fairs'. Education about employers' obligation to re–employ and to accommodate under s. 54 (formerly s. 54b) could be explained. Ergonomics experts and consultants who charge on a fee for service basis could set up booths and distribute material demonstrating their services and programs.

Prior research would have to be done by Board personnel to develop a list of experts, individuals preferably living in the area where the particular seminar is scheduled to be held. Such an approach would provide employers, employers' associations, workers, unions and injured workers' associations with an accommodation contact person in their area to whom they could refer later for advice.

A procedure for evaluating the effectiveness of these ergonomics trade fairs should be developed so that after a number have been held it can be determined whether it is worthwhile to continue work in this area and/or whether improvements to the model can be made.

*Accommodation program models*

It is proposed that the Board use private companies and government departments which have established accommodation programs as models for other employers, especially if these programs have been developed on a model of employer and worker/union partnership. The Board should develop a working relationship with companies and unions that have shown a cooperative labour/management partnership in the rehabilitation and re-employment of injured workers and ask for their cooperation in spreading the important message of the utility of such programs. Board personnel could work with staff from these model programs to develop information packages to be distributed to interested employers and unions.

It is also hoped that representatives of these successful corporate and government programs would agree to attend speaking engagements within their industry group organized by the Board.

Promoting successful programs as models is an excellent way to convince employers and workers that this type of program saves a significant amount of money in compensation claims and that it is not difficult to do; it just takes a sincere commitment on the part of management and union and workers.

The Board is aware of various successful programs currently in existence. The type of program the Board would be looking to employ as a model would have similar characteristics to one established by Cuddy Food Products, an Ontario poultry processing plant. This program was developed through the cooperation of workplace health and safety personnel, health care professionals, worksite designers, ergonomists, and union representatives. Under this particular program, injured workers are brought back onto the line, either in a gradual return to work situation or in an alternative position. The company has hired an ergonomist who helps both in terms of addressing the needs of injured workers who are ready to return to work in some capacity, and in terms of assessing what changes can be made to work stations in order to prevent workplace injuries before they occur. The company is committed to reducing repetitive strain injuries by moving away from individualistic piece work to a new team work approach that is less repetitive. This approach permits a worker to move around the plant, performing an array of tasks that utilize different muscle groups. Job rotations, job variety and slower pacing are the keynotes to this approach.

## *Recognition*

As a further measure to encourage and educate about accommodation, it is recommended that a program be developed to reward employers who take measures to accommodate injured workers. The program would be called ACCOMMplishment.

Board vocational rehabilitation staff currently determine whether accident employers are required to modify the work or workplace to accommodate an injured worker. They consider information from general vocational rehabilitation assessments and other medical or vocational assessments before authorizing workplace or work modifications. For the

purposes of ACCOMMplishment, vocational rehabilitation staff would review the list of employers who have been required to modify the work or workplace and use the same information to select employers who might be eligible for an award. The Board would then assess the accommodation record of the employer with regard to both the number of jobs/workers accommodated in relation to the size of the employer and the level of creativity of the accommodation program. The employer must have a formalized program for individual workers in writing and this documentation would be reviewed by Board personnel.

If an employer passed the initial review, the Board would conduct an on–site inspection of the employer's worksite to see the accommodation first hand. If the employer passed the on–site evaluation, the firm would qualify for an ACCOMMplishment award.

All winners would receive a plaque and be permitted to use the Board's ACCOMMplishment logo in their advertising and promotions for the 12 months following the award. The Board would advertise the winners in one Toronto newspaper and/or in the hometown newspaper of the winning firm. Public recognition of the successful firm's excellent accommodation program would be a significant motivating influence in effecting accommodation by large and small employers throughout the province.

Evaluation should later be conducted to determine the effectiveness of the program as an incentive to employer accommodation initiatives.

### *Recommendations*

It is recommended that:

- The Board hold free seminars on accommodation across the province.
- The Board use private companies and government departments which have established accommodation programs with their workers (unions), as models for other employers and unions.
- A recognition program be developed which awards employers who take measures to accommodate and reintegrate injured workers.

# *Chapter 9*

# *A training policy for injured workers*

Disabled workers may confront serious challenges to employment in an economic environment characterized by: the dislocation of many; a shift from a manufacturing–based economy to a service–oriented one; a restructuring due to rapid technological change; and the introduction of global market competition.

In light of these challenges, the Board's role as a service provider must be to proactively assist disabled workers. Training can be an essential response and must be regarded as an important vocational rehabilitation intervention. The hierarchy of vocational objectives that is fundamental to the Vocational Rehabilitation Strategy recognizes return to the pre–injury job with the accident employer as the best result of vocational rehabilitation. Obviously, in these instances, training is not required. Similarly, where the worker returns to a comparable job or suitable job with the accident employer, training will not likely be required except in the form of training on the job.

Training, other than on the job, will become more of a consideration when the vocational goal is lower on the hierarchy of objectives. In these cases, the Board must rethink its use of training programs. Training programs that result in semi–skilled or low wage entry level jobs must be replaced by training in both educational and workplace settings that provides workers with upgrading and/or skills development at more advanced and technical levels. Vocational rehabilitation staff must assist disabled workers to prepare to compete for jobs alongside disabled and non–disabled persons.

Employment equity initiatives, future job vacancies, and changing demographic trends will result in job opportunities that disabled workers can obtain as long as they are adequately trained. Training provides workers with more equitable opportunities to secure these potential jobs. However, disabled workers' participation in training cannot be successful unless considered on the basis of their individual needs and accompanied by information about future employment prospects in the labour market. As a result, the goal of training must be to provide disabled workers with skills based on their needs and those expected to be in demand in the labour market. This goal is directed towards the achievement and support of the broader goal: disabled workers' successful participation and reintegration into the labour force and the community.

A proactive training policy must be part of a wider strategy on job creation and job placement that includes the provision of financial and social supports that address barriers that limit workers' access to the various programs. As part of this strategy, the Board must develop collaborative relationships with government, business, labour, and disabled workers, at the local community and regional levels, to advocate for training programs that meet the needs of disabled workers and employers.

Both economic and social benefits accrue when disabled workers are employed. Not only do workers achieve economic benefits by earning incomes that allow them to maintain a reasonable standard of living but also social benefits that provide workers with a sense of self–worth, self–esteem, and independence. This dual economic–social relationship allows workers to maximize their rights as citizens. Society further benefits by the full economic and social participation of disabled workers.

## *Needs*

To determine the training needs of disabled workers selected sociodemographic data from the *Economic Loss Survey* is instructive. This survey represents 11,004 injured workers interviewed prior to their permanent impairment ratings between June 1989 and August 1990. Data from the *Statistical Profile of Disabled Persons in Ontario* demonstrates similar demographic characteristics of injured workers and disabled Ontarians. A review of the data reveals the following:

- Some injured workers, similar to disabled Ontarians, have low levels of educational attainment; 39% of injured workers have some secondary school education and 20% of injured workers have a high school diploma. Twenty–two per cent of injured workers read moderately well while 21% are able to read a little or none at all. Twenty–two per cent of injured workers write moderately well while 27% are able to write a little or none at all. Twenty–seven per cent of disabled Ontarians have some secondary education and only 12% have completed secondary school or obtained a trades certificate. Note that 74% of injured workers report that they speak English well. However, 26% of workers indicate that they speak English moderately well, a little or none at all.

  **Injured workers must access adult basic education programs to develop a strong base for entering skills training programs. Some workers may need English as a second language skills to access educational and/or occupational skills training programs.**

- Technological changes in the labour market demand that workers have greater and more sophisticated literacy and vocational skills. Sixty–seven per cent of occupations will require 12 or more years of education and training (Employment and Immigration Canada, 1989).

  **Injured workers must develop educational and occupational skills to access employment opportunities in the labour market. Training programs are a means to gain these skills.**

- Disabled persons in Ontario have low levels of labour force participation rates compared to non–disabled persons. Less than 50% of disabled persons in Ontario are employed compared to 75% of non–disabled persons. The likelihood of severely disabled persons achieving employment is 10% (Office for Disabled Persons).

  **Injured workers require training programs to help them acquire the necessary skills to access employment opportunities in the labour market. Workers with severe impairments will require greater and more intensive skills training programs to re–enter the labour force.**

- Ontario's labour force is aging and is expected to grow at a slower rate in the 1990s. Fifty–three per cent of injured workers are between the ages of 25 and 44.

  **Injured workers are an important pool of labour market entrants. There is a need to enhance training opportunities so these workers are in a more competitive position to secure employment.**

- Injured workers have high rates of union membership. Fifty–nine per cent of disabled workers in Ontario are union members compared to 39% of Canadian workers who are union members.

  **To assist the Board in the development of workplace training programs, collaborative working relationships with injured workers, employers, and unions need to be developed.**

## *The importance of training*

The needs analysis demonstrates that disabled workers require training in order to secure employment in a changing economic environment. Both the globalization of business and rapid technological change are the two primary forces driving the economic restructuring (Premier's Council, 1990). Without the necessary occupational skills, literacy and numeracy skills, disabled workers will have difficulty participating in the labour market and may encounter difficult adjustment. Employment prospects that are available may be those characterized as "dead end", with limited prospects for mobility.

When workers cannot return to their pre–injury employers, it may be difficult to locate employment which is physically and vocationally suitable at wages comparable to their pre–injury rate of pay. With the appropriate educational and/or occupational skills, the disabled workers' position in the labour market is enhanced, as they are able to compete for jobs on a more equal basis with other disabled and non–disabled persons. The gains derived from skills development can enable disabled workers to expand the range of meaningful work choices available to them and achieve greater occupational mobility in the labour market.

The important role of training in assisting disabled workers to acquire marketable skills cannot be underestimated as it represents a "corrective response" in promoting workers' prospects for their participation in competitive employment. As a result, training must become a major vocational rehabilitation intervention in the preparation of workers' return to employment.

Researchers and advocates for the disabled have, for many years, asserted the importance of disabled persons obtaining both educational and occupational skills through training to achieve both economic and social benefits. Judge Abella wrote in *Equality In Employment: A Royal Commission Report*:

> Jobs can realistically be made available only to those who are qualified to undertake them. No strategy designed to increase the participation of

particular groups or individuals in employment systems can work unless the proposed employees have the skills to do the job (1984, p.129).

The Coalition of Provincial Organizations for the Handicapped (COPOH) wrote in their *Discussion Paper on Employment and Disability*:

> We know that training is very important to help us get jobs, and more than half of the people with a disability who have trades training are working, and almost two–thirds of the people with a disability who have university degrees are employed. This compares to almost four out of five people with a disability in general who are without jobs (February, 1991, pps.7–8).

In their book entitled *From One Job to the Next: Worker Adjustment In A Changing Labour Market*, Seitchik and Zornitsky state:

> Recent studies of worker displacement have confirmed the important role of education and training in the labour market. In most cases, both factors have been shown to be positively related to post layoff re–employment and earnings, and negatively associated with earnings loss. From a policy perspective, this suggests that educational upgrading and occupational training are needed in any set of programs designed to facilitate successful readjustment following layoff (1989, p.95).

Greenwood and Johnson (1987), in their article *Employer Perspectives on Workers with Disabilities*, provide a summary of a literature review of more than 90 studies of employers' concerns regarding workers with disabilities. These authors suggest that the studies reveal that the availability of qualified applicants for potential jobs is a major issue for employers. They present various studies which demonstrate that employers consider competitive skills and job readiness as essential and are prepared to hire applicants with disabilities if they are as qualified as other applicants.

## *Skills through training*

The training needs of disabled workers fall under two major categories: adult basic education and skill training. Adult basic education (ABE) includes training in the skills of English as a second language, literacy and numeracy skills, and high school equivalency. Without basic skills, many disabled workers will not be able to access both higher education and skills training opportunities. Skills training includes training for job specific skills and generic skills. Generic skills include analytical problem solving, workplace interpersonal and broad technical skills (Premier's Council, 1990). These types of skills can be used by workers in many jobs. Currently, the different types of training that provide for the acquisition and development of ABE, generic and job specific skills, are available through community colleges, local schools boards, private organizations, private vocational schools, community funded agencies, onsite employers, and government programs.

The Premier's Council Report, *People and Skills in the New Global Economy,* provides a framework for understanding skills in the context of workplaces and work activities. The

term "skill" in the Premier's Report is defined "as all those acquired abilities that enable people to function effectively in their social and economic systems" (1990, p.5). At the first level of the framework are the basic skills. These skills represent the building blocks on which higher order skills are established. Basic skills include motor skills, mathematics, reading and writing, ability to learn and communications skills. Beyond these basic skills are three types of higher order skills which include generic technical skills, analytical problem solving and workplace interpersonal skills. These types of skills are referred to as portable skills because they cut across many tasks, jobs, and workplaces, and are transferable from one job to the next. Lastly, the framework contains firm and job specific skills which are not viewed as portable because they are not readily applied elsewhere.

Guerra and Wollschlager (1985) discuss the impact of technological change on the workforce. They state that:

> Any new machine brings change to the workforce and calls for new knowledge and skills to operate it: the more extensive and complex the new production technology the greater the impact on vocational training.... Such skills as manual loading, adjusting and unloading machines, where few processes are automated, are increasingly giving way to such tasks as controlling, monitoring and maintaining. The emphasis is shifting from physical to mental demands.

In the article, *The Miracle Worker: Shaping A Skilled Labour Force*, Mark (1989) discusses the results of a survey by *Personnel Administrator* and notes that an ability to write effectively is the skill most lacking among applicants followed by a lack of job specific and technical skills. Proficiency in English, among applicants whose native language is not English, was reported to be missing by more than one–third of the companies that responded to the survey.

The types of skills needed by disabled workers and whether skills training is best provided in educational or agency settings as compared to workplace settings (or a combination) remain to be determined. However, the development of collaborative working relationships with disabled workers, employers, unions, training providers and rehabilitation personnel can assist vocational rehabilitation staff and disabled workers in making decisions concerning training aimed at securing current and future employment prospects.

## *The training and labour market inter–relationship*

To train workers more efficiently and effectively to secure potential job opportunities, requires knowing about and having access to labour market information. This type of information is a necessary prerequisite prior to any decisions made about training programs. Labour markets are changing due to evolving technology, globalization of business, and demographic variations. Recognizing this, as stated in an earlier chapter, an understanding of labour markets is crucial because the skills to be acquired from the different training programs need to be matched to the skill requirements of jobs available at the present and into the future.

In the article, *The Nature of Current Unemployment: Evidence from Job Vacancy Information*, the point is made that:

> ... job vacancy estimates show that labour market mismatch accounts for a significant portion of unemployment, and more importantly, that the degree of mismatch appears to be increasing due to regional and occupational shifts in the demand for labour. There clearly appears to be an increasing need for policies such as training and retraining programs and mobility assistance to reduce labour market imbalances and match the unemployed with job vacancies (Quarterly Labour Market and Productivity Journal, Spring, 1988, p. 34).

This argument is further advanced by Coudroglou and Poole, in their book, *Disability, Work, and Social Policy: Models for Social Welfare,* as they state:

> Rehabilitating efforts that are limited to sheltered jobs or focus exclusively on the supply of labour with no consideration to the demands of the labour market cannot assist disabled workers to reach self–sufficiency and economic independence (1984, p.45).

## *Assessing needs and providing information*

Training should not exist in a vacuum but must be considered in the context of the individual needs of workers and the demands of the labour market. To ignore the needs of one over the other will create a mismatch between the skills acquired and the skills needed to secure employment. As a result, when selecting training programs, the programs must respond to both the preferences, interests, and abilities of workers and the types of jobs available in the labour market. While this may appear to be common sense, there is no doubt that there are significant gaps between available jobs and the skills that are frequently developed in the disabled population.

A "training needs assessment" of a worker can provide information on the types(s) of skills training required, and which of the broad range of training programs, both institutional and worksite oriented can meet those needs. This information should be incorporated into a training plan that outlines the appropriate training programs that will be used to acquire the occupational skills assessed to be in demand in the labour market.

As employers demand that workers (disabled and non–disabled) meet certain qualifications for employment, the Board must help workers receive the necessary vocational preparation needed prior to seeking employment. The Premier's Council Report, *People and Skills In the New Global Economy,* maintains that:

> For management, the issue of skill shortages is rapidly assuming greater importance. Employer after employer interviewed in the course of the Premier's Council research saw a competent workforce as critical to their ability to meet the challenges of the new global economy (1990, p.88).

In addition, disabled workers must be provided with information about occupations, the different types of jobs within occupations, and the labour market prospects available for

these occupations. This type of information will give disabled workers a stronger basis on which to make informed decisions. The consequences of workers' lack of information and input into decisions made about training may be a lack of worker motivation and commitment to the program.

A recent model developed by the Literacy Branch of the Ontario Ministry of Education provides a useful and creative approach to the determination of workers' training needs. This model is based on worker centered assessments of workers laid off in their local communities. These assessments are conducted by one person or a team from a local literacy organization. The workers' skills and knowledge in relation to the skills and knowledge needed for the identified job or training goal are assessed. This information is then used to develop a profile of the educational requirements needed for the goal, the skills the worker has, and which ones must be acquired through a training program. If this profile indicates that the goal is realistic, then gaps between the skills the person has and those needed to access the skills training constitute the literacy/upgrading course. The assessment person acts as an advocate for the workers and presents their needs to the committee of literacy providers (1991, pps. 14–15).

### *Training to promote equity*

The importance of training for disabled workers cannot be overestimated. Appropriate training provides workers with marketable skills needed to enter the labour market which can result in more equitable representation of disabled persons in the labour force. The recently announced plan by the Government of Ontario to introduce employment equity legislation represents employment opportunities for disabled persons. To obtain these opportunities, disabled workers will need the necessary knowledge and skills, otherwise potentially positive impacts from this initiative will not be realized. Training can help disabled workers to be judged on the basis of their skills and abilities rather than their often presumed lack of capabilities due to their impairments.

In the publication, *An Emerging Workforce: Strategies to Employ Persons With Disabilities,* by the Canadian Council of Rehabilitation and Work, Robert Mercer states:

> To address the real issue of employment equity for persons with disabilities we should speak more about those people who are not in the labour force; people who may not be job ready; people who need training and support (1990, p.9).

He goes on to state that:

> Persons with disabilities who are unemployed in the labour force and those who may need training and support outside the labour force provide a significant pool of manpower. They have the same potential to contribute if given the opportunity. It is our job to make sure that they are not forgotten (1990, pps. 9–10).

Labour market disadvantages are compounded for women who are members of more than one group because of their gender, racial, disability and aboriginal status (Ministry of Citizenship, 1991). As a result, the Board must make efforts to ensure that those women

who are not able to return to work in pre–accident or comparable or suitable jobs with the accident employer, are given equal opportunity to participate in training programs. These training programs must provide skills that match those required by employers in high demand occupations.

Without the appropriate educational and/or occupational skills, women may continue to be employed in low paying jobs that segregate and marginalize them. Through training programs, women can acquire skills that allow them to enter non–traditional occupations and thereby reduce wage disparities.

### *Accessing training programs*

Although rehabilitative measures such as training programs represent one positive approach to assisting disabled workers reintegrate into the labour force, access to these programs both in or outside of the workplace can be limited by a number of barriers. These include a lack of:

- information about the programs
- accessible transportation
- geographic location
- child care
- available facilities
- financial support
- accommodation and/or modifications to the work and/or training site
- coordination and effective evaluation of the individual programs
- restrictive eligibility requirements
- inadequate knowledge of the different disabilities among agency/organization staff
- individual planning for individual training needs
- preparation for the program, and
- assistive devises, equipment, or special tools

When disabled workers fail to access necessary training programs, their ability to successfully reintegrate into the labour force is constrained. The long–term consequence may be an impact on their quality of life. Overcoming the barriers that limit disabled workers' access to these programs is critical if workers are to be successfully trained. For example, access to training programs is ineffectual for workers with mobility impairments unless special transportation is available and buildings are physically accessible.

Financial and social supports are measures aimed at reducing and/or eliminating barriers to accessing training programs and thereby enhancing workers' participation and completion of these programs. They include compensation benefits for the duration of the program and payment of expenses such as books, tools, supplies, clothing, travel, and accommodation. Depending on the type of disability, workers may require supports such as technical aids, special equipment, readers, sign language interpreters, course materials in braille or on tape, oral testing, job coaches and attendant care.

Joan Meister, Chairperson of the the Disabled Women's Network (DAWN), writes in *What's Holding Everything Up?* (Canadian Council of Rehabilitation and Work's 1990 publication, *An Emerging Workforce: Strategies to Employ Persons with Disabilities*,):

> "People with disabilities face many barriers to participating in society in general and in employment in particular. These barriers are both specific and systemic. Specific barriers created by employers are a lack of awareness of the nature of disabilities and the extent to which they may have an impact on the individual's job performance. Different types of disabilities require different kinds of accommodation, ranging from access to a drink of water to taking medication. Other types of accommodation might include large print on computer screens, ramps and grab bars in bathrooms" (1990, p.25).

## *Collaboration and partnerships*

Reliance on traditional vocational rehabilitation methods to reintegrate disabled workers into the labour force is insufficient. Recent initiatives announced by both the provincial and federal governments focus on the establishment of partnerships with business, labour, and designated groups to address the training needs of the workforce and the business community highlight the need for innovative approaches to long standing problems. Countries such as Germany and Sweden have been leaders in the development of models of collaborative working relationships between labour and industry. Details of these models are outlined in the companion document.

The development of active collaborative working relationships with employers, labour, and disabled workers contains potential benefits for all of the partners. Vocational rehabilitation staff can receive support and guidance on the training needs of disabled workers, in addition to making more productive and efficient decisions with workers on the training preparation required to meet local labour market needs. Employers and unions can be provided with technical support and financial incentives that can result in the development of training programs in the workplace that are more responsive to the needs of labour and business. In turn, workers will be trained for jobs that are available and can experience success. Employers will have qualified and more productive workers at the completion of the program. This type of relationship is best described as a "collaborative partnership" between business, unions, disabled workers, and Board staff.

## *New federal, provincial, and local labour market boards: implications for the Workers' Compensation Board*

Given the impact of technological change and global market competition on today's labour force both the federal and provincial governments have proposed new methods of developing a more effective training system. Proposals for change have come by way of new structures with accompanying program reviews and include representation by employers, workers, social action groups and training providers, referred to as the "partners".

In January 1991, the federal government announced the Canadian Labour Force Development Board (CLFDB) and in November 1991, the provincial government announced the development of the Ontario Training and Adjustment Board (OTAB). CLFDB and OTAB are aimed at increasing the role of non–government groups in the planning and development of labour market policies and programs. In December 1991, CLFDB announced the development of Local Labour Force Development Boards (LLFDB). The local boards demonstrate a model of shared leadership of labour force development at the local level. This model is intended to complement organizational structures developed at the provincial and national levels.

**Canadian Labour Force Development Board**

CLFDB is a non–profit, independent corporation whose members are nominated by the organizations that represent the major labour market constituents: business, labour, the education and training community and the four designated target groups under the *Employment Equity Act* – aboriginal people, people with disabilities, visible minorities and women. CLFDB was established in 1991 by the Government of Canada in response to a growing consensus that the labour market partners must have a greater role in addressing training and labour market concerns. Its mandate is to provide broad strategic direction to ensure the development of a skilled Canadian workforce by:

- serving as an advocate for more, higher quality and accessible training
- advising the Government of Canada on all aspects of training and related employment and adjustment programs and policies, and
- making firm recommendations on a number of training issues including the links between income support and training (Canadian Labour Force Development Board, 1991).

**Ontario Training and Adjustment Board**

On November 28, 1991, the Ontario government announced its plans to restructure the province's training system through the creation of an Ontario Training and Adjustment Board (OTAB). Details of these plans have been made available in the consultation paper *Skills to Meet the Challenge: A Training Partnership for Ontario*. It is proposed that OTAB will bring together those directly concerned with the labour market and includes business, labour, training providers, and community/social action groups who can identify and respond to training needs.

It is proposed that OTAB will be an agency of the Government of Ontario and will operate as an independent, self–governing organization led by the partners. OTAB will receive its authority through legislation and will be subject to the broad policy direction of government but will have independence in its strategic decision–making. OTAB will assume direct authority for Ontario's publicly–funded training and labour force development programs.

OTAB will have program management responsibilities for the range of provincial training and adjustment services now managed directly by the Ontario government. However,

where provincial government funded programs are delivered by any form of transfer payment agency, the agency will continue to provide the delivery function. OTAB's programs and services would fall into four broad labour force development categories:

- workplace and sectoral training
- apprenticeship programs and related services
- labour force adjustment, and
- labour force entry/re–entry

OTAB will undertake a key role in policy development and in the initiation of new workplace and training practices. Three specific areas of responsibility would be central to the fulfilment of OTAB's policy and practice role:

- developing a base of provincial and local labour market information and providing policy advice on the full range of labour force development issues
- through research and innovation, developing and promoting new labour force development practices through a "learning network", and
- developing local leadership of labour force development

**Local Labour Force Development Boards**

In December 1991, CLFDB, Employment and Immigration Canada (EIC) and OTAB released a joint discussion paper entitled *A Proposal to Establish Local Labour Force Development Boards*. It is proposed that the composition of the 22 local labour force development boards (LLFDB) be the same as that of OTAB and CLFDB: labour, business, social action groups, and educators/trainers. As well, federal and provincial governments are to have ex–officio representation on local boards.

The proposed local boards will provide leadership in training and labour force development and guide the planning and delivery of federal and provincial labour force development programs and services in local areas. They will be jointly designated through OTAB and the CLFDB. A local board will be concerned with the full range of labour force development activities at the local level. The broad mandate of the local boards will include:

- identifying local needs and priorities
- developing strategic and operational plans based on local labour market information, economic activities, needs assessment, priorities and existing resources
- determining the mix of funding, programs and delivery mechanisms required to address local needs and priorities, and
- promoting life–long learning and training culture that includes employers, current workers and potential workers

The responsibilities of the local board include:

- steering the development of local labour market information systems to ensure that there is appropriate information to facilitate local strategic planning
- identifying of the needs of employers, workers, and those seeking to enter the workforce
- strategic planning for labour force development programs at the local level to meet identified needs
- monitoring and evaluating the effectiveness of local training and adjustment programs
- coordinating and harmonizing of federal and provincial labour force development programs
- advocacy of human resource development and promotion of a training culture consistent with local economic development
- increasing access to training for equity groups and francophones, and
- improving access to training resources for individuals, firms and other employers through the coordination of information, counselling, referral and programs

*Implications for the Board*

These new federal, provincial, and local level labour force development initiatives have important implications for the Board's delivery, development and purchase of training programs. Problem areas encountered by the Board (similar to those of other vocational rehabilitation service providers) include the lack of:

- access to local labour market information and occupational skill requirements
- comprehensive knowledge of and information on program effectiveness and availability, and
- development of formal mechanisms for the development of partnerships with disabled groups, business, labour, and training providers

To work towards the resolution of these problems and promote the views and needs of disabled workers in the development of a restructured provincial training system, the Board should actively participate as a member of the governing body of OTAB and the boards of LLFDBs. Active involvement of the Board in these new structures represents beneficial opportunities to bridge efforts with those parties involved in addressing the training needs of labour and business.

## *Government sponsored training programs*

Traditional and separate vocational rehabilitation agencies continue to provide much of the vocational training disabled persons receive. Few programs have been developed to assist disabled persons to develop the skills required to gain employment. A review of the provincial role in the training of disabled workers for both ABE and skills training reveals a complex system characterized as disjointed, overlapping, and uncoordinated with involvement by many different provincial ministries. Although considerable effort has

been made in the development of policies toward job creation, more work must be done in Ontario to promote the development of training programs for unemployed disabled workers.

## *Reports addressing the issue of training*

Several reports have been published that point to the potential contribution of training as a measure to assist disabled, and non–disabled groups to reintegrate into the labour market. Excerpts from these reports provide further perspectives and ideas on the subject of training and can be found in the companion document.

## *Conclusion*

It would be unreasonable to suggest that the acquisition of skills alone guarantees employment. Training must be regarded as a complementary strategy to a larger strategy on worker reintegration. Both medical and vocational rehabilitation efforts must support the worker from the time of injury to placement. For instance, assistance in obtaining prosthetic or orthotic devices, medical treatment, counselling, evaluation, job placement, etc., are all important activities that can potentially better prepare disabled workers for successful reintegration. Successful reintegration enhances workers' participation not only in the labour force but also in the community. As a result, vocational rehabilitation strategies aimed at promoting the reintegration of disabled workers are fundamental.

## *Recommendations*

The following is a list of recommendations concerning the training of injured workers. These recommendations are based on the principle that training must be regarded as a principal intervention of the vocational rehabilitation program if disabled workers are to be successfully reintegrated.

### 1. Comprehensive training policy

It is recommended that the Board develop a comprehensive training policy that:

- requires that a training plan be developed as part of the vocational rehabilitation plan with the full participation of the worker and based on an assessment of the worker's individual needs and circumstances and information concerning the skills needs of the labour market
- directs that assessments/evaluations of the worker and/or worksite be carried out to identify workers' training needs
- uses training programs to achieve specific vocational objectives agreed to in the vocational rehabilitation plan
- emphasizes that in keeping with the hierarchy in Vocational Rehabilitation Strategy, where possible workers' training needs should be met through on the job training with the accident employer

- promotes workers' participation in adult basic education and/or on the job training programs, either on a part–time and/or full–time basis
- authorizes that any equipment and/or tools purchased for use in training programs become the property of students who successfully complete the program to enhance their employability, and
- emphasizes that where there is employer/union involvement that the employer/union and disabled worker be full partners in the design and development of the training plan

**2. Training programs**

It is recommended that:

- programs be selected on the basis of labour market trends information demonstrating occupational skill needs to ensure better job skills matches at the completion of the program
- approval of training programs should not be dependent on the degree of impairment but the level of skill(s) required for the identified vocational objective
- that consideration be given to the special needs of older workers, workers whose first language is not English, and severely impaired workers when identifying suitable training programs
- employer based training programs be developed in integrated work settings that can provide workers with meaningful work experience, and that special efforts be made to assist employers in their knowledge of workers' disabilities, skills and capabilities, as well as the use of accommodations, and
- employer based school to work transitional programs be developed that can provide workers who have successfully completed educational or vocational training programs with work experience that is directly related to the skills acquired

**3. Funding of training programs**

It is recommended that:

- employer based programs that include the training and placement of disabled workers continue to be promoted through the use of financial incentives, such as wage subsidies, and
- associated costs such as fees, books, tools, supplies, travel, aids, devices and other ongoing assistance be funded

**4. Criteria and evaluation**

It is recommended that:

- Board criteria used to approve training programs be reviewed
- current and future training programs be evaluated to determine the extent of program effectiveness on worker skills acquisition and successful placement outcomes at completion of program, and

- for those training programs that the Board fully funds, reciprocal arrangements should be made with the training agency/provider to ensure that facilities are accessible and transportation be made available where distance is a barrier

**5. Information**

It is recommended that:

- an on–line data base with information on available training programs by factors such as geographic location, eligibility requirements, accommodations and accessibility, duration, etc., be made available and located in a central location with access by ISUs, regional offices, and workers
- communication materials be developed that provide workers, employers, and the community with information related to training programs, and
- there be monitoring and resource updates on any new developments in the creation of training programs, models, community and/or employer/union initiatives and that they be communicated to the relevant staff

# *Chapter 10*

# *Job access programs*

There are many job ready injured workers who are unable to enter the competitive labour market even though they have the required job skills and training. This is especially true for injured workers for whom re–employment with the accident employer is not an option. The literature and reported experiences of injured workers indicate that several factors can affect an injured worker's success in securing work. These factors include: job availability, level of job seeking skills, level of training and work experience, and disability related problems (Roessler, 1982, p.167).

In the November 23, 1990, report entitled *Board Administrators' Recommendations to the Board of Directors Regarding the Administration of s. 45a*, the Board underscored the important role that the WCB can play in minimizing or eliminating job acquisition problems that injured workers face. The report stated:

> ...that since there is evidence of systematic discrimination against disabled people, job search may be very difficult, and assistance from the Board may be the key to successful rehabilitation.

To assist injured workers in returning to work, employment counselling and job search assistance have been recognized as important components of a vocational rehabilitation program. In this respect, s. 53(11) (formerly s. 54a(11)) and s. 53(12) (formerly s. 54a(12)) of the *Workers' Compensation Act* provide:

> A vocational rehabilitation program may include...employment counselling (including training in job search skills and in the identification of employment opportunities), assistance in seeking employment and ...
>
> If a worker's vocational rehabilitation program includes assistance in seeking employment, the Board shall assist the worker to search for employment for a period of up to six months after the worker is available for employment and the Board may extend its assistance for a further period of up to six months.

Providing job search assistance seems essential particularly in labour markets characterized by stressful economic circumstances and employer resistance to hiring disabled persons. This environment calls for heightened attention to the employment problems of injured workers and also to the use of the best rehabilitation strategies available to remedy these problems.

This chapter will discuss the various ways in which the Board can provide, as part of its rehabilitation mandate, employment counselling and job search assistance to injured workers. The strategies which will be examined include training in job search skills and in the identification of employment opportunities, job finding clubs, and a job inventory or bank.

## *Problems in job acquisition*

Before proceeding to a discussion of the various strategies, it is essential to outline the problems that injured workers encounter in attempting to secure a permanent job. Such an approach is useful insofar that strategies can be targeted to overcome defined problems.

Several studies have examined the job acquisition problems that rehabilitation clients encounter. Naturally, the type of problems reported depends, in part, on the perspective, that is whether the caseworker or the client is relating the problems.

In one study, rehabilitation caseworkers ranked the problems rehabilitation clients have in getting jobs in the following order: 1) job availability (unfavourable market, high unemployment, lack of suitable jobs); 2) deficient job seeking skills; 3) poor employer reception of job applicants; 4) lack of client work experience; 5) lack of motivation, and; 6) lack of vocational training (Zadny & James, 1979). As Zadny and James pointed out, rehabilitation caseworkers could respond to each of the major problems they perceived their clients as experiencing. For example, job development would be a response to the problems of lack of job availability and negative employer attitudes toward the job applicant with a disability. Similarly, job seeking skills training would remedy deficiencies in the clients' abilities to seek and secure work. Finally, more involvement of the client in developing a valued rehabilitation program and vocational objective would improve the level of client motivation to follow the plan.

In 1988, 45 direct service delivery staff members at the Board were asked to identify and rank, by their relative importance, the factors which they considered to contribute to an injured worker's return to work. Injured worker's attitudes, including their perception of their disabilities and their self–esteem, were ranked as the most important influences on return to work. It is interesting to note that all of the groups surveyed (adjudicators, medical services personnel and vocational rehabilitation caseworkers) agreed on the importance of workers' attitudes even though the rankings of the other influences varied among these groups. The relationship between injured workers and their accident employers was ranked second. The availability of modified work and the workers' skills were both ranked third and the effects of physicians' treatments and geography and transportation were tied in fourth place. Workers' ages and the early provision of rehabilitation services were both ranked in fifth place.

Motivation as a client problem has been one of the major problems perceived by rehabilitation caseworkers in the delivery of rehabilitation services. Client motivation to persevere in the job search is affected by the potential loss of benefits and also the likely fear of rejection. The lack of active, job seeking behaviour may be quite understandable in the face of the negative reactions anticipated by the person, and the possible problems presented by the loss of financial security if workers' compensation benefits are terminated.

Both rehabilitation caseworkers and rehabilitation clients outside of the workers' compensation context have cited the lack of job seeking skills as a significant problem in attempting to secure work. When queried in the follow–up telephone interview survey about what they expected from the Board's vocational rehabilitation program, injured workers ranked in third place, behind more education and skills upgrading and nothing, help in finding a new job with similar pay. This problem is not unique to injured workers as demonstrated by the fact that many colleges and universities have found a need for

career planning and placement services and provide assistance in areas such as resume preparation and interviewing.

Job availability and employer resistance are factors that may also affect an injured worker's success in securing work. Although there is limited evidence to support the thesis, it is generally assumed that high rates of unemployment affect handicapped persons more adversely than non–handicapped persons (Greenwood, 1982, p.185). Additionally, there is likely to be less demand for the services of disabled persons from the labour market, and when available, the demand is likely for low skilled, low paying jobs. This demand is not only affected by general labour market conditions, but also by unfavourable attitudes on the part of employers and potential co–workers.

It has been reported that a large proportion of employers do not have favourable attitudes regarding the employment of disabled persons (Greenwoood, 1982, p.185). These attitudes are often based on false beliefs. In fact, a Canadian Chamber of Commerce study of 195 organizations has shown that disabled employees' performance and attendance was as good or better than other employees. A Dupont Corporation study also indicated that disabled employees had average or better safety records on or off the job, and that there was no increase in compensation and insurance costs as a result of the company's strong initiatives to employ disabled persons. Co–workers, like employers, also harbour negative feelings or attitudes regarding the employment of disabled persons. Negative co–worker attitudes are based in part on the belief that the seniority structure was bypassed to secure the job for the disabled worker and that the hiring of this worker will require significant job modification. However, a study of 1,000 large and smaller U.S. employers found that 80% of accommodations cost less than $500 and many of them nothing.

### *Successful job acquisition programs*

Given the problems outlined in the preceding section, assistance in job acquisition is likely to be essential to meet the needs of many injured workers. Assistance exists on a continuum from no assistance required to extensive assistance. Therefore, program interventions will also need to vary considerably. The purpose of this review is to address interventions designed to assist injured workers to seek and secure a permanent job which is compatible with their vocational objective and vocational goal.

The vocational rehabilitation caseworker's first activity in regard to job acquisition is to apply diagnostic skills in determining the client's readiness to initiate and conduct the job search. The rehabilitation caseworker should assist the client in an analysis of job acquisition requirements, and client and labour market problems should guide the analysis. It should be emphasized that the injured worker is encouraged to and is expected to play an active role in the job search process. For the worker, this means assuming active responsibility and making a major commitment to the job search process.

The next step in the job acquisition process is to analyze the services needed to overcome the client's problems or limitations. According to Greenwood (1982) a rehabilitation

agency should address a variety of programming techniques when developing a job acquisition program, particularly if direct placement interventions with employers are to be conducted.

Few job acquisition programs have been researched, however, two programs which have been evaluated and have been found to be successful are: Michigan Division of Vocational Rehabilitation and Access Connections. The success of these programs can be attributed to the wide array of services that they provide to meet the differing needs of their clientele, disabled workers and employers alike. The job acquisition system being used in the Michigan Division of Vocational Rehabilitation includes the following components:

- an account system in which caseworkers and placement specialists develop relationships with large employers, much as sales personnel develop sales accounts
- a skill bank registry of job ready clients
- a job bank of openings throughout the state
- job seeking skills clinics and job findings clubs
- staff development training and direct joint efforts by placement specialists and caseworkers
- labour market projections
- sheltered shop placements to develop competitive work skills
- group vocational counselling, and
- employer services in areas such as workers' compensation, employment equity, awareness training, selective placement, and employee assistance programs

The problems and successes of this program were reviewed even though few data have been made available on the system. The program's success was attributed to the fact that the agency has a systematic, concentrated approach to the problems of job acquisition, with a strong emphasis on employer relations and job acquisition skills training (Greenwood, 1982, p.191–192).

Another successful job acquisition program is Access Connections. The program's objectives are to enhance employment opportunities for persons with disabilities and combat the attitudinal barriers that these individuals encounter while looking for work. The pilot project which was launched in October 1989 is sponsored by Canada Employment and Immigration's Innovations Program, the Municipality of Metropolitan Toronto, and the Canadian Broadcasting Corporation. The Centre for Independent Living in Toronto also plays a role in administering the program.

To realize its objectives, Access Connections has formed two distinct divisions: the Employment Connection and the Media Connection. The Employment Connection is entrusted to provide services enhancing employment opportunities for persons with disabilities. It is essentially a job matching service which refers job seekers with disabilities to both public and private sector employers. Through an agency network and a large number of registrants, the service has access to the majority of job seekers with disabilities in the Metropolitan Toronto area. With this kind of service in place, employers can send

out their job opening announcements with the assurance they are reaching a sizeable group of job ready applicants. The service also provides employers with ongoing consultation services which include advising on hiring and accommodating employees with disabilities.

As of October 1991, over 700 job seekers had registered with the service. Of this number, approximately 160 job seekers have been successful in securing employment and approximately 192 have been referred to other agencies for specialized services. On average the service obtains 70 job postings per month which include a variety of employment opportunities such as electronic engineer, life skills instructor, I.D. photographer, recording secretary, hairdressing assistant and data entry clerk. The current average placement rate stands at 17 per month.

Employment Connection's success can be attributed to the comprehensive employment services that it offers job seekers which include:

- assistance with evaluating marketable skills and clarifying employment objectives
- assistance with the preparation of resumes
- interview skills coaching
- advice regarding disability and accommodation issues
- assistance identifying job leads
- peer support through the Job Club
- computerized job matching
- access to career and job information, and
- follow–up services

Some of Employment Connections more unique services are a Job Club, a 24–hour job hotline and a computer program designed to facilitate career decisions. The 24–hour job hotline also known as "Big Mouth" is available to "connect" job seekers with job postings. Simply by using a telephone, job seekers can access details on current job postings with government, community services, business and industry. The hotline also provides information on local issues and events which is updated on a weekly basis.

As previously noted, the other division which makes up Access Connections is the Media Connection. This division is dedicated to changing the public's attitudes respecting persons with disabilities. The Media Connection includes *The Disability Network*, a weekly half–hour program on CBC television and Newsworld across Canada, and a weekly radio series *The Radio Connection* which airs every Tuesday on CIUT, 89.5 FM in Toronto.

An overview of these two programs reveals that in order for a job acquisition program to be successful it must embody certain components. These components include: individual and group employment counselling, training in job search skills, providing job leads or direct placement intervention, and establishing strong ties with the business and labour communities.

## *Job acquisition skills training*

While assessment and vocational preparation programs are important, no less important are programs which focus on job acquisition skills. This is especially true for injured workers who are unable to return to their pre–injury job. Job search training is normally provided to workers once they complete vocational preparation programs. Studies indicate that persons instructed in how to find and apply for a job are much more successful in locating employment than those without such instruction. It should be emphasized that job search skills are skills which workers can use throughout their working lives to advance their employment situation.

### *Job search training*

Injured workers, like many seeking employment, often lack job search skills which limits their prospects for obtaining employment. Even the experienced worker may encounter problems when searching for a job. Some workers may be unable to explain the employment significance of their educational background, job history, or job skills, and may be unaware of techniques for securing and following up on job leads, and completing job applications. Further, injured workers uncertain about discussing their impairment, may need to be instructed on how to communicate to potential employers about their capabilities in relation to a job.

As the job market becomes more competitive, competent search skills are essential. Injured workers need to become more aware of how to market their skills to make themselves more attractive to employers (Ontario Advisory Council for Disabled Persons, 1990, p.29). Advance preparation is crucial in helping them to promote a favourable image.

Job search training is designed to assist a worker in developing job search skills and skills in the identification of employment opportunities. Job search skills are those skills which enable a worker to seek out and apply for job vacancies. These skills are important as they can better prepare a worker to assume a greater degree of responsibility for pursuing employment opportunities while conducting a job search.

Job search training may include instruction in:

- preparing a resume
- completing job application forms
- conducting oneself in a job interview
- discussing with employers physical capabilities in relation to potential jobs, work history and job skills
- what employers look for in prospective employees
- accessing information on how to locate and secure job opportunities, and
- contacting prospective employers

Although the worker assumes primary responsibility for the actual job search, the caseworker/placement advisor undertakes to provide the worker with information on the local and/or regional labour market (for example, types of jobs, skill demands for those jobs, location of jobs, and data on jobs available). The caseworker/placement advisor provides encouragement, monitors the job search, documents the worker's efforts, and when necessary provides direct placement intervention to assist the worker in securing potential job opportunities.

*Job search programs*

Job search training and job search assistance can be acquired through a variety of programs and settings. Job search programs are based on the observation that most people are never formally taught how to look for work. As a consequence, job searches tend to be very unstructured, uninformed and undirected. The result is often prolonged unemployment and unsatisfactory matches between job seekers and job vacancies.

For some clients, the vocational rehabilitation caseworker may be able to deal with the job acquisition problem through role playing and directed search of labour market information sources and related job acquisition information. In other cases, the caseworker and client may identify other needs requiring systematic and formalized training. In such instances, the caseworker may refer the client to programs that develop job seeking skills, with motivation for the job search as a secondary emphasis (OP Manual 07–03–08).

The Board's Creative Job Search Techniques (CJST) and Job Club programs will not be discussed at length since Client Services is undertaking a review of the Board's capacity to deliver effective Job Club and CJST programs in each ISU and Regional Office. The primary issue in the delivery of these programs is that they be accessible to many injured workers across the province of Ontario.

**Job clubs or job finding clubs**

Job clubs can perform four basic functions:

- motivating the jobless, stimulating them to engage in more intensive job searches and building job seeking confidence
- providing instruction in search technique, teaching job seekers how to prepare resumes, conduct interviews, and fill out job applications
- providing information to direct the search, assessing a job seeker's marketable interests and skills, as well as labour market trends and opportunities; and
- supervising the search, typically with the aid of phone banks and job listings (Schiller, 1984, p.53)

Many other workers' compensation boards have established job finding clubs. Alberta's Board reports that over 70% of club members find a job at the end of the process. Manitoba's Board also has, aside from a regular job finding club, an English for Job

Finding Purposes Club which is designed for workers who have limited reading and writing skills in the English language. The content of the program is similar to the three week program, but is more extensive because it focuses on increasing the worker's oral communication skills. Both clubs also offer follow–up group sessions for workers who were unsuccessful in locating employment during the program. The Workers' Compensation Board of Saskatchewan offers an Employment and Skills Development Workshop which provides much of the same training as the other job finding clubs.

Job search training and related job search programs play an essential role in the job acquisition process. Accordingly, the Board should ensure that vocational rehabilitation staff are fully trained in these programming techniques and that the programs are responsive to the needs of injured workers.

### *Monitoring of employment opportunities*

Many of the more successful job acquisition programs have developed a job bank or job inventory which lists employment opportunities in the local labour market. This job bank is designed to assist disabled workers who are having problems finding a job. Injured workers may access the employment opportunities either by direct referral from their caseworker/placement advisor or by self–referral.

Establishing and maintaining such a job bank is, however, not an easy task. At the present time, it is very difficult to determine with any degree of accuracy the number of jobs available in Ontario by occupation, industry, location or by any other breakdown. No central job registry system exists since the organizational and resource implications of establishing and maintaining such a data system are enormous. An obvious factor contributing to the absence of a central job registry system is the existence of a broad spectrum of private, public, internal, external, formal and informal vehicles used by employers to fill job vacancies. It is a well–known fact that employment opportunities can be found in a multitude of ways:

- newspaper want ads (if the contact is made immediately – not hours or days later)
- friends and relatives
- the yellow pages of the phone directory
- walk–ins on companies
- public or fee–paid private employment agencies
- public service offices (federal, provincial and municipal)
- organizations which have vocational rehabilitation services
- temporary employment agencies (temporary positions sometimes lead to permanent jobs)
- local Chamber of Commerce
- industrial directories in libraries, and
- mailing out resumes and covering letters (Kasper, 1983 p.11)

Bates and Pancsofar (1981) describe six methods of determining available community jobs:

- listing previously successful employment sites
- keeping track of the frequency with which specific types of jobs appear in classified ads
- obtaining a list of employment openings from the local job service (Canada Employment Centre)
- developing a list of potential job sites in conjunction with local business and service clubs
- utilizing personal contacts with employers, and
- reviewing other successful training programs in the community and other similar communities

Statistics Canada information dated July 1990 indicates the most common methods of job search used by employees. The percentages using each activity sum to more than 100% because an average of two methods were used. The methods are: contacted employers directly (64%); looked at ads (46%); used public employment agencies (36%); and used other methods (32%).

It is interesting to note that the job search methods used by unemployed workers reflect, to a considerable extent, the recruitment practices of employers. Accordingly, since employers tend to favour the more informal recruitment channels, any vacancy notifications obtained through formal channels are usually poor indicators of labour demand (Carson, 1989, p.300). Hence, in order to obtain an accurate picture of labour market opportunities, the Board should not limit its investigation to the more formal job search methods such as Canada Employment Centres and job advertisements.

***Canada Employment Centres***

One of the Canada Employment Centres' (CECs) prime functions is to help job seekers find suitable employment and, conversely, employers find suitable workers. The CEC service delivery process is comprised of matching employers' job orders with employees' applications. Each CEC is equipped with a computerized job bank which lists employers' job orders by industry and region and usually contains wage information as well as any specialized requirements, (i.e. experience)(Gunderson, 1990, p.8).

CECs across Canada also have access to the National Job Bank (NJB) which is a computerized job order entry, inventory and distribution system for employers' hard to fill vacancies. Any job vacancy which goes unfilled for a period of 10 days or cannot be filled by workers in the local CEC area, is entered in the NJB inventory. Before placing the vacancy in the inventory, the CEC must ensure that the wages and working conditions meet the local standard. The NJB listings are available at all CECs to any job seekers wishing to explore opportunities outside their local community.

While the CEC job bank can be useful, there are some problems. CEC job listings are not comprehensive in that both employers and employees use numerous other methods for job

search and job placement. In fact, the use of public employment agencies is one of the least common forms of job search. According to the Economic Council of Canada (1982), only 23% of the available job openings are listed with CECs. Also, the job listings in public employment centres are not representative of the full spectrum of jobs that are available in the economy. Moreover, the jobs tend to be the "lower end" jobs where employers are less concerned about the exact type of person that will fill the job. It is also evident that CECs are unable to meet the needs of a large number of job seekers because they do not receive a sufficient number or a wide range of job openings.

A further potential problem is the extent to which job vacancy information is available. Currently no other agency is allowed access to the information contained in CECs' job bank. However, Employment and Immigration Canada is considering "franchising" its job bank. In other words, a number of select agencies would be given access to the job bank for a fee.

#### *Private employment agencies*

Job opportunity information can be obtained from other private placement agencies, to the extent that it is desirable to get information on a wider array of jobs throughout the occupational distribution. A study in the U.S. found that private placement agencies often listed the same types of jobs as public employment services and that approximately 88% of these job openings were not listed in the public employment services' files. Private agencies have many job openings the local employment services are unaware of, because they can devote a substantial portion of their resources soliciting employers for job openings, and do not rely on employers contacting them to the same extent as public employment services do. Consequently, private placement agencies are seen as a useful supplement to the public employment services because they have additional job openings and, unlike the local employment service, are not paid unless they place job seekers successfully for a specified time (United States General Accounting Office, 1986, p.71).

Unfortunately private agency information is not systematically and comprehensively brought together in a single source. In fact, it is not publicly available and hence would require a difficult data collection exercise
(Gunderson, 1990, p.12).

## *Recommendations*

Given this brief review of some of the job acquisition problems experienced by injured workers and the rehabilitation programming strategies for overcoming these problems, it is recommended that:

- An on–line Job Bank which lists job opportunities by occupation and region be re–established and made available to caseworkers. The Job Bank should be frequently updated and contain detailed information on available job opportunities.
  i.e. geographic location, job description specifying the required skills and physical demands, whether job accommodation is provided or required, etc.

- The Board acquire the information sources (i.e. newspapers, industrial directories) that placement advisors need to monitor actual labour market opportunities. One such source of information could be a link–up with Canada Employment Centres' Job Bank. Currently, this is not possible. However, Canada Employment and Immigration is looking at the possibility of giving access to its Job Bank, for a fee, in the not too distant future.
- The Board continue to develop and maintain contacts in the employer community through promotional initiatives such as seminars on accomodation.

# *Chapter 11*

# *Encouraging job development*

In its report, *Workable: Fulfilling the Potential of People with Disabilities (1990)*, the Ontario Advisory Council for Disabled Persons states: "Everyone of working age in Ontario has an equal right to job opportunities and full realization of their employment potential." Besides its importance in terms of economic conditions, work is the basis of social and political status. Work is where many social relationships are formed and social status established. Without the opportunity of working, integration into society is limited. In addition, poverty, stemming from unemployment or poor wages, may cramp social and leisure pursuits (Borsay, 1986).

However, for many injured workers who are unable to return to their pre–injury employment, the equal right to job opportunities is impeded because of the existence of societal misconceptions. For example, many employers believe that the productivity level of injured workers is less then their uninjured counterparts. Unless these misconceptions are dispelled, competitive employment and full integration into the open labour market will continue to be an unattainable goal for many injured workers. Ontario's Workers' Compensation Board, as part of its broader mandate to provide rehabilitation services, can aid in reducing some of the barriers facing injured workers, especially with respect to employment. In these difficult economic times, this is not an easy challenge, but one which the Board is fully committed to meet.

To meet this challenge, governments, both here and abroad, have systematically implemented different types of programs to assure that people who have less bargaining power such as disabled workers will be given the equal opportunity to work. The strategies which appear to be the most widely used to create jobs for the employment disadvantaged are: public service employment; employer based wage subsidies, tax credits or grants; and employee based wage subsidies or grants. A review of these strategies will be undertaken to determine whether such strategies are effective and feasible from the Board's perspective. Programs which currently exist at the Board (i.e. experience rating programs) will also be examined to assess their potential to encourage employers to hire injured workers.

## *Statutory authority*

Before proceeding to a discussion of the various job development programs, it is essential to determine whether the Workers' Compensation Board has the legal authority to implement such rehabilitation programs. The broad wording of s. 52 (formerly s. 54) of the *Workers' Compensation Act* R.S.O. 1990 which embodies the Board's legislative powers and duties in respect to the rehabilitation of injured workers provides this authority. Section 52 reads as follows:

> To aid in getting injured workers back to work and to assist in lessening or removing any handicap resulting from their injuries, the Board may take such measures and make such expenditures as it may deem necessary or expedient, and the expense thereof shall be borne, in Schedule 1 cases, out of the accident fund and, in Schedule 2 cases, by the employer individually, and may be collected in the same manner as compensation or expenses of administration.

In the Workers' Compensation Appeals Tribunal's (WCAT) Decision 112, the panel commented at length on the interpretation to be given to s. 52 of the *Act*:

> The *Act's* implicit requirement that the Board not be arbitrary or discriminatory in the exercise of its powers under s. 54 also leads, inexorably, in this panel's view, to this proposition: Where the Board in the exercise of its powers under s. 54 has defined a rehabilitation measure or expenditure that it deems necessary or expedient and has specified application guidelines, as long as the definition and guidelines are not incompatible with any requirement of the *Act*, until such measures or expenditure are redefined or deleted or the guidelines amended, any worker who satisfies the specified eligibility criteria and conditions must be seen to be entitled either to the benefits of such measures or expenditures or to an explanation of why an exception in his or her case is justified (p.17).
>
> It should be possible, given the Board's rehabilitation philosophy and goals and the breadth of its discretion under s. 54, to provide the financial assistance justified by the essential program (p.24).

In a number of other WCAT decisions, 375/89 and 194/91 for example, panels have reiterated the comments which were made by the panel in Decision 112 in respect of the broad discretionary powers conferred on the Board for the provision of rehabilitation services to injured workers. This view is also one which is generally advanced in the literature. A leading authority on workers' compensation matters states:

> In most jurisdictions, there are no limitations on the types of rehabilitation assistance that may be provided, or on the amounts that may be spent. In Quebec, however, the types of rehabilitation assistance that may be provided are now confined in a statutory catalogue. This limits the types of assistance that may be provided, and for some types, it also limits the amounts. Some of these limitations are unfortunate and unrealistic (Ison, 1989, p.148).

Accordingly, based on the interpretation that has been given to s. 52 by the Board, WCAT and the literature, it is evident that the Board is given full and exclusive jurisdiction to determine what programs are necessary, appropriate and suitable for the successful rehabilitation of injured workers. It is, therefore, left to the Board to decide if job development programs are measures that are "necessary" and "expedient" as stipulated in s. 52 of the *Act*. However, as pointed out in Decision 112, a factor which the Board may consider when making such a determination is the cost of such measures and whether less costly appropriate measures exist.

## *Job development programs*

As previously indicated, the major job development programs which will be discussed are: public service employment; employer based wage subsidies, tax credits or grants; and employee based wage subsidies or grants. The Board's experience rating programs will

also be discussed in terms of its value to generate employment opportunities for injured workers.

### *Public service employment*

In the 1970s, both in Canada and abroad, the majority of expenditures for job development programs were targeted at public service employment programs which were designed to accomplish one or more of the following objectives:

- to increase total employment in general and to provide jobs for particular groups of individuals such as youths, natives, the disabled, and those with little education or few skills, who face the greatest difficulties in obtaining regular work
- to improve the earnings or "future employability" of individuals who participate by developing their marketable skills, and
- to produce a more equitable income distribution.

In such schemes, the sponsoring agency funds community service projects in order to provide injured workers receiving compensation benefits with temporary employment. Examples of similar programs at the federal level are Canada Works and the UI Job Creation Program. These programs are seen as beneficial in terms of assisting businesses, organizations and especially communities to carry out projects which would not be undertaken if it were not for the allocated funds. Additionally, the projects enable workers to develop and maintain their work skills.

While commenting on the UI Job Creation Program, the Task Force on Unemployment Insurance (1981) underlined the fact that the program was rather costly since higher benefits were required simply to entice individuals to participate in the program and to cover work–related expenses. The Task Force concluded that the UI Job Creation Program resulted in higher UI costs than would otherwise have existed. Furthermore, because there was no evidence to demonstrate the impact on the employability of the people involved in the projects and the value of certain projects was questionable, it was impossible to confirm whether the private or social returns from job creation were enough to justify higher costs.

In 1986, a federally appointed Study Team reviewed the Canada Works program. Like the Task Force on Unemployment Insurance, the Study Team expressed concern that many of the public sector projects were of a "make work" nature with a productive output of very limited value and consequently had little impact on generating permanent jobs. The Study Team concluded that the program would be more effective if it focused its resources on creating jobs in the private sector, especially in sectors of the economy with the greatest potential for new job creation (i.e. small business and service sectors).

Public service employment programs have been highly criticized because they often create superfluous, short duration, "dead end" jobs providing little useful skills training, which ultimately lead to unemployment (Gera, 1988, p.3). Furthermore, because the work is often viewed as not being a real job for a real wage, participants are often stigmatized and demeaned. It has also been suggested that these programs involve elements of forced

labour since the worker is often deprived of making an occupational choice and no regard is given to the suitability of the work and the worker's abilities and limitations (Task Force on Employment Opportunities for Welfare Recipients, 1972, p.149).

## *Wage subsidies*

In contrast to public service employment programs of a "make work" nature, it is argued that wage subsidies create jobs in the private or public sector where employers already have a known production process and a set marketing channel for the goods and services they produce. The disciplines of the market lead employers to train their workers in useful skills and create jobs directly in regular employment, so that workers do not make a transition from special temporary programs (Gera, 1988, p.3).

Over the last decade virtually all the major industrial countries have used wage subsidies in one form or another to combat unemployment. Wage subsidies are designed to increase employment by reducing the effective wage cost of those workers covered by the subsidy. Wage subsidy programs have been viewed as a particularly attractive policy tool because they can be specifically "targeted" to traditionally hard to employ groups of workers. For example, an employer wage subsidy for hiring disabled persons can be used to artificially alter employer perceptions of the worker's net productivity level which can lead to a more socially efficient use of our labour resources (Berkowitz and Hill, 1986, p.192).

Wage subsidies may be paid either to employers or directly to workers. With the exception of the earned income tax credit, the only subsidy paid to workers in the United States, governments in most countries have attempted to stimulate employment through wage subsidies paid to employers. The subsidy can be paid to the employer either directly or through a tax credit. The subsidy may be a flat amount or may vary with the level of earning, the wage rate, the overall wage bill or the duration of the coverage.

Despite the growing use of wage subsidies to create jobs over the past few years, their efficacy is a matter of considerable dispute primarily because little has been undertaken in the way of quantitative evaluations.

### *Employee based wage subsidies*

In the employee based wage subsidy program aimed at increasing employment, every targeted worker is generally given a voucher indicating that any employer hiring the worker will be entitled to a subsidy in the form of a cash rebate or tax credit. A distinctive feature of this wage voucher approach is the responsibility of job seekers themselves to inform employers of their eligibility for subsidy benefits.

It has been suggested that, depending on the specific causes of the target group's unemployment, employee based wage subsidies may be more effective instruments for achieving employment increases for disadvantaged workers (Lerman, 1982). However, an employee based subsidy scheme raises an important question: will the program be seen as a vehicle for stigmatizing

participants as losers. There is no Canadian evidence on this point, even though the federal government implemented such a scheme in the past. The Portable Wage Subsidy Program was introduced in March 1981 to help displaced workers, 45 years old or more, find alternative employment. Eligible participants were given a voucher which they presented to a prospective employer. Upon hiring a participant, employers would send the voucher to the federal government for reimbursement. In 1985, the Royal Commission on the Economic Union and Development Prospects for Canada (MacDonald Commission) recommended that the program be re–introduced as a component of the Transitional Adjustment and Assistance Program. The Commission was of the view that a portable wage subsidy would enable workers, especially those who had been without jobs for some time and the older age groups, to overcome their competitive disadvantage in seeking employment.

In an American controlled experiment designed to test the effectiveness of a targeted employee based wage subsidy program, it was found that job seekers given experimental vouchers that identified them to employers as eligible for a generous wage subsidy were significantly less likely to find employment than those without vouchers (Burtless, 1985). Although the job finding success of vouchered clients was substantially below that of unvouchered clients, there was no evidence indicating that the two groups obtained different types of jobs; the average hourly wages for the two groups were nearly identical.

*Employer based wage subsidies*

In the employer based subsidy programs, subsidy payments are often restricted to new hirings or to firms that increase total employment.

A good example of an employer wage scheme is the Program for the Employment Disadvantaged which was launched by the Canadian government in 1981 and terminated in 1984. The purpose of the program was to encourage private sector employers to hire and maintain in employment physically and mentally handicapped persons and other unemployed persons who had experienced serious difficulties in securing and keeping employment. It provided a subsidy equal to 85% of gross wages for the first 13 weeks, thereafter decreasing progressively to 50% for the next 26 weeks and 25% for the remaining 26 weeks, for a total subsidy period of 65 weeks for handicapped workers. In addition to the wage subsidy, employers hiring handicapped workers were also eligible for a reimbursement of up to $5,000 to assist in defraying costs related to the restructuring of the workplace or to the purchase of special equipment. Employers were also expected to continue employment when the subsidy period ended. Furthermore, the government specified that other employees could not be displaced because of the hiring of eligible workers under the program. The program was never formally evaluated except to the extent that approximately 30,000 participants were involved in the program.

Other federal job development programs with similar objectives, Career Access and Job Corps were the subject of an internal evaluation by Employment and Immigration Canada. With respect to the Career Access program, the evaluation found that approximately 80% of employers surveyed reported they would not have hired the disadvantaged worker if they had not received a wage subsidy. The evaluation of the Job Corps program revealed that the program had a positive impact on the future employability of its clientele. The post–program employment of workers increased by approximately 14% over prior employment.

An Australian government program which was designed to encourage employers to increase their job offers to persons with disabilities was recently evaluated (Mangan, 1990). Similar to the Canadian Program for the Employment Disadvantaged, the Australian scheme provided for over 50% of the average adult male wage and site modification grants ranging from $2,000 to $10,000. Despite the availability of these allowances, the data showed that the participation rate of employers for both wage subsidies and site modification grants was not dramatic. It should be noted that since no data was available on the average duration of jobs derived from the subsidy, it is impossible to assess whether subsidy recipients retained their jobs once the subsidy lapsed.

An interesting aspect of the study is its attempt to examine how altering both the size and duration of subsidies might influence job offers to those with disabilities. Approximately 400 employers were asked to indicate how their job offers would change as subsidy levels and periods were progressively increased and, as a consequence, the real wage cost to employers fell. Results indicate that smaller firms were more wage sensitive, and hence more likely to be subsidy sensitive, than larger firms.

The author of the study concluded that, "Overall, the results indicate that job offers for those with disabilities are not noticeably responsive to wage subsidies. Other factors are clearly influencing employers' job offers to the disabled: uncertainty, discrimination, productivity consideration" (p.36). When discussing possible reforms, the author indicated that even if the level of the subsidy was disability specific, so that the amount and duration of the subsidy were positively related to the type and severity of the disability, this would only have the effect of altering job distribution amongst those with disabilities, it would not increase the total number of jobs (p.41). In view of the wage subsidy program's limitations, the author indicated that the program may need to be supplemented by quotas or employment equity legislation.

### *Employer grants*

The majority of job development programs involve subsidizing a portion or a percentage of a worker's wages. However, in a few instances, employers may be given a lump sum grant. In Quebec, for example, pursuant to s. 186 of the *Industrial Accidents and Occupational Diseases Act*, employers who create permanent employment reserved for workers who have sustained a work–related physical or mental permanent impairment are eligible to receive

a grant. In 1991, the amount of the grant was to a maximum of $4,000. It should be noted that the grant cannot be renewed and does not form an integral part of a worker's vocational rehabilitation plan. Before the grant is awarded, the Commission will ensure that the company is financially sound and the newly created positions are permanent. In addition to the grant, the Commission will offer or pay for professional and technical consulting services to the employers in respect of the newly created positions.

In Australia, the Victorian Accident Rehabilitation Council established the Rehabilitation Employment Program (REP) in 1986. The program involves the payment of a grant to employers who hire an injured worker for a period of four to six months. The grant reimburses employers for the actual wage costs. The grant is paid in two lump sums, $1,500 on commencement of the program and $2,500 on completion. In the event of a second injury or recurrence/aggravation of the compensable injury, the employer is covered for the first five days of wage costs of the claim and the first $344 of medical and like expenses. Wherever possible, the employer is required to provide ongoing employment at the conclusion of the program.

In 1990, the Victorian Accident Rehabilitation Council reviewed the REP focusing on the effectiveness of the program in returning clients to work and rehabilitation provider and employer satisfaction with the program. The review comprised an analysis of client data and surveys of employers and rehabilitation providers who had used the program. An analysis of the client data suggests that REP participants generally had better return to work prospects than all "other clients". The data also indicates that the likelihood of REP clients returning to work at case closure was approximately 30% higher than for "all clients". Moreover, REP clients were more likely to return to work with a new employer than "all clients". Nearly half of "all clients" returned to work with their pre–injury employer. In addition, REP clients remained in rehabilitation for longer periods of time and had higher median rehabilitation costs than "all clients", particularly when their cases closed with no return to work outcome.

In terms of the employers' perception of the program, most employers surveyed indicated that they were satisfied with the program and were willing to use the program again. The employer survey also found that in 80% of cases, ongoing employment was offered on completion of the REP and that 91% of workers with ongoing employment were still at work three months after program completion. Accordingly, the program was effective in providing permanent employment to rehabilitation clients. In a number of cases, however, the program was discontinued either because the employee was unable to perform the duties or the employee chose to terminate the program early. These findings were interpreted to mean that rehabilitation providers may have needed to do more comprehensive job assessments to ensure the client had the required skills.

Like employers who participated in the REP, most rehabilitation providers believed that the program was effective in returning clients to work. When asked what changes should be made to the program, 88% recommended increasing the amount of the grant and 75% recommended increasing the marketing of the program.

## *Self–employment and entrepreneurship*

It has been said that self–employment is far from a perfect defence against unemployment (Aronson, 1991). This may be especially true in these difficult economic times which have seen a record number of bankruptcies.

An American study analyzed the turnover experience of self–employed male workers from 1966–67 to 1978–80. Although those entering self–employment exceeded those leaving in each year of the period, the authors found that 50 to 60% of the entrants, on average, "failed" during the first two to three years after entry and returned to wage employment or unemployment or left the labour force entirely (Evans and Leighton, 1989).

Similarly, a British study of the self–employed reported that in 1987–88, 23% of those persons who had been self–employed one year earlier were unemployed and another 27% had left the labour force (Hakim, 1989). In addition, a number of studies have shown that since the mid 1970s the earnings of the self–employed is less, on average, than those of individuals who are employed by others (Aronson, 1991).

Although self–employment is certainly not an ideal solution, it has been considered, in limited circumstances, by a few workers' compensation boards. For instance, the workers' compensation agencies of Quebec, Newfoundland and Nova Scotia provide financial incentives to workers wishing to pursue self–employment opportunities.

## *Workers' Compensation Board's experience rating programs*

The Workers' Compensation Board currently administers two experience rating programs: the New Experimental Experience Rating plan (NEER) and CAD–7, a program specific to the construction industry. Between the two programs, about three–quarters of Ontario payroll covered by the *Act* is experience rated, and initiatives are in place to expand NEER with the goal of securing comprehensive coverage by 1995. The programs are designed with a view to striking a reasonable balance between efficiency and equity with respect to the levying of assessments.

In general, experience rating operates by comparing a firm's actual costs for a given accident year to an actuarially determined estimate of costs for that firm. The comparisons are made within individual rate groups and are sensitive to firm size. A portion of the difference between actual and expected costs is subject to experience rating, the end result of which is to generate variable refunds or surcharges, depending on whether actual costs are lower or higher than estimated costs, respectively. Experience rating, thus, implicitly provides accident employers with financial incentives to rehabilitate and rehire workers injured in their employ. This action has the effect of reducing the actual costs associated with the accident, which translates into benefits under experience rating for the accident employer.

However, under current designs, the Board's experience rating programs fall short of being useful job development devices. To provide incentives to create new jobs for the general population of injured workers the NEER and CAD–7 plans would require significant

alterations, the results of which could compromise rather than enhance the effectiveness of experience rating.

Theoretically, the programs could be altered simply by providing employers with a grant of a fixed sum for each eligible new hire. The "grant" could take the form of fixed credits applied to an employer's accident cost statement, which, when used to compare against the firm's estimated costs, would provide financial benefits under experience rating.

Unfortunately, there are several reasons why even a simple alteration of this sort would likely be counter productive. One serious drawback is that the amount of the financial incentive is indeterminable in advance of the new hire, so that employers cannot be informed of the amount of the "grant" being offered. This will ultimately depend on the final experience rating outcomes, computed well after the end of each accident year and which are a function of many other variables. The absence of this key piece of information will likely cause employers to be skeptical and disinterested.

Furthermore, if there is an incentive, albeit indeterminable, for employers to hire from a general population of injured workers, then this could impair or even eliminate the originally intended incentives under experience rating for accident employers to rehabilitate and rehire workers injured in their employ. That is, accident employers may be induced to take the chance that some other employer will hire the injured worker under the "grant" incentive. This would reduce the accident employer's (as well as the hiring employer's) accident costs and provide experience rating benefits precisely as would be the case if the accident employer rehired the injured worker directly.

Finally, attempts to add a job creation feature to NEER and/or CAD–7 would seriously complicate an already complex program. The efficiency of the plans, in terms of minimizing the net cost of running them, would be jeopardized since control over balancing refunds with surcharges would be impaired.

### *Cost–benefit analysis of job development programs*

Despite the expansion of job development programs, analytic information has been lacking on such basic issues as: How many permanent jobs can job creation programs create, and at what cost? How effective are these programs in increasing employment for workers who are labour market disadvantaged? How do they fare according to the criterion of economic efficiency? What fraction of total subsidy payments represent a windfall to employers (employer would have hired the worker even if the program did not exist)? To what extent do the programs improve the longer–term employment prospects of program participants (Gera, 1988)?

Compounding the problem of evaluating the cost–benefit of job development programs is the void of empirical evidence on a micro level. Most research has focused on the impact these programs have had on a macro level, that is to say on the overall state of the economy.

The only study which provides some insight into the costs and benefits of job development programs for injured workers is the study undertaken by the Victorian Accident

Rehabilitation Council regarding its Rehabilitation Employment Program (REP). This study showed that the likelihood of program participants returning to work was 30% higher than for all other clients. The study's findings also indicated that the program was successful in securing permanent ongoing employment for a large number of participants.

However, the program participants also had significantly higher rehabilitation costs than their peers. If the $4,000 grant which was given to employers was calculated in the costs, the median rehabilitation cost for REP clients who returned to work was approximately $7,600 as compared to $1,500 for all other clients. Where clients did not return to work, the median rehabilitation cost was about $8,900 for REP participants and about $1,600 for all other clients. The study did not, however, address the question of whether the REP participants will have lowered compensation costs in the long–term as compared to all other clients which would have the effect of offsetting their higher rehabilitation costs.

A cost–benefit analysis must also include an examination of the social costs and benefits. Job development programs which provide meaningful employment with a valuable economic output are beneficial to workers and to society as a whole. For participants, the work provided would have value in itself as an alternative to idleness, and it would offer a chance to gain work experience and obtain income from earnings rather than disability benefits.

From the long–term strategic point of view, these (albeit non–quantifiable) psychosocial benefits could well be of overwhelming importance (Economic Council of Canada, 1982, p.104). As the Ontario Advisory Council for Disabled Persons has stated:

> Paid employment is a key to independent living and increases the opportunity to move beyond bare subsistence. Government and society gain as the worker becomes a contributor to the economy and a self–supporting taxpayer. Employment also improves a person's sense of self–worth and self–esteem. It creates an avenue for socialization and allows support networks to develop outside the family. It provides a challenge and purpose in life, and gives people a chance to break away from dependence on social assistance programs (1990, p.2).

Although there is very little information regarding the real economic and social benefits/costs of job development programs, it is generally acknowledged that they are a useful policy tool for reducing unemployment.

It has been suggested that if budgetary authorities are reluctant to invest in rehabilitation programs because they have no evidence of the benefits and costs of the program, pilot projects subject to cost–benefit measurements should be undertaken. At times, this approach has won conditional approval for small initial rehabilitation investments (Rehabilitation International, 1981, p.24).

### *Features of successful job development programs*

A review of the literature suggests that in order for a job development program to be successful it must embody certain distinctive features. From an employer's perspective, a

program will be successful if it is well marketed, has minimal administrative costs and matches workers' skills with the job requirements. From a worker's perspective, a program will be successful if it improves their permanent employment prospects and provides him/her with ongoing employment.

*Success from an employer's perspective*

The apparent unpopularity of subsidies among employers is often attributed to ignorance of the programs, high costs of participation, or fear of paperwork burden (Burtless, 1985).

An American study examined the factors which influence employers to participate in wage subsidy programs. The study found that an important barrier that has kept participation in the programs at a relatively low level is lack of knowledge about the existence and the rules of the programs. Efforts by local program administrators to overcome this ignorance by personal contact with employers had a significant impact upon whether the employer was both familiar with and willing to use the targeted employment subsidies. The study's findings point to the importance of the role of local administrators in vigorously promoting the use of the programs and in keeping the costs of participation as low as possible. The authors indicated that by screening all of their clients for eligibility and offering to help local employers locate and hire targeted workers, job service offices could substantially increase the rate of employer usage of these programs (Bishop and Montgomery, 1986).

A number of previously cited studies, most notably conducted in Australia (Wage Subsidies for Persons with Disabilities and Rehabilitation Employment Program), have also stressed the importance of a good marketing campaign to promote greater awareness amongst the employer community.

*Success from a worker's perspective*

When workers participate in a job development program they are looking to increase their future employability prospects and in certain cases secure ongoing permanent employment. It has been said that there is no guarantee that a subsidized job will end up being a permanent job.

The program feature which appears to increase a participant's future employability prospects as well as the likelihood of securing a permanent job, is the inclusion of a training component. A Canadian study which examined the effectiveness of the Employer Tax Credit Program found that the program did not succeed in improving the participant's labour market value in terms of enhancement of future employability or future earnings. The author explained these results by indicating that since the program was temporary, there was no reason to expect firms to provide extensive on the job training to subsidized workers. Accordingly, unless a job development program includes a required training component it will only lead to more dead end jobs (Gera, 1988).

Although it may appear beneficial to limit the subsidy to the training component, there are inherent difficulties with this approach since on the job training is often an inseparable part

of the production process there is no way of knowing how much training is occurring and, therefore, of limiting the subsidy to the training alone (Bishop, 1979, p.222).

Another program feature which appears to be closely tied in with the potential of job development programs to generate permanent employment is the length of the subsidy period. The experts tend to favour a program which is in place for a considerable length of time, even going so far as to recommend that jobs be subsidized at gradually reduced rates for approximately two to six years (Bishop, 1979; Donner and Kliman, 1985). The rationale for this recommendation is that the extra time allows workers to increase their productivity, as well as encourages employers to provide more training. Accordingly, employers will have an interest in making the job a permanent one in order to capture the return on their investment. It has also been said that the extended duration of the program may be especially important when subsidies are targeted at disadvantaged groups (Donner and Kliman, 1985).

## *Conclusion and recommendations*

It is evident from a review of the literature that job development programs can play an important role in minimizing the employment barriers which injured workers face. The type of program which appears to be the most promising, for increasing the number of job offers to persons with disabilities, is a wage subsidy scheme which also involves a training component.

As part of its vocational rehabilitation services, the Board currently offers a Training On The Job program. The program requires employers to pay injured workers at least 50% of the starting salary for the job. The balance of the workers' earnings, while participating in the program, are in workers' compensation benefits. This program appears to have the potential to encourage employers to hire injured workers.

As indicated in the literature, in order for a job development program to be successful it must be well–publicized in the employer community and it must ensure an appropriate match between job seekers and employers. Such a match, however, is only possible if a thorough assessment of injured worker's skills and abilities and occupational job requirements and demands is conducted. Lack of training and/or large caseloads may, however, prevent the rehabilitation team from conducting such assessments.

In view of the foregoing, it is recommended that:

- The Training On The Job Program be evaluated to determine if it is effective in securing permanent employment and, based on the findings, recommendations be made regarding the program's future scope and its promotion to the employer community.
- Training be provided to caseworkers and that their caseloads be appropriately sized to ensure thorough assessments and consequently appropriate matches between job seekers and employers.

# *Chapter 12*

# *Removing a re–employment barrier*

Pursuant to s. 52 of the *Workers' Compensation Act* and the Board's vocational rehabilitation program, the Board provides a number of financial supports to injured workers to aid in the removal of re-employment barriers. The Board makes reimbursements for transportation and related expenses incurred while attending a vocational rehabilitation program arranged and/or approved by the Board. The Board also pays for tuition fees, text books, examination or certification fees, tools, supplies, aids, devices and other items that will provide ongoing assistance for injured workers. The Board should examine a potential new area of support which it could provide to workers to reduce or remove a barrier to re-employment.

### *Child care costs*

Currently, the Board does not pay child care costs for injured workers participating in a vocational rehabilitation program. However, the broad wording of s. 52 of the Act could permit the development of a policy in this regard.

The basic policy issue is whether the Board should authorize the payment of child care costs for injured workers who are participating in vocational rehabilitation programs. Lack of child care is often cited as a barrier to the effective rehabilitation of injured workers. The Board recognizes that the real issue is often not payment of child care, but accessing child care, but is not able to resolve this latter difficulty. What can be addressed is the re-employment barrier of child care costs by subsidizing the cost of this vital service.

The Vocational Rehabilitation Services Department of the Ministry of Community and Social Services (VRS) has a policy on child care and babysitting. It permits VRS to underwrite child care costs to enable a client to undertake assessment or training. The policy indicates that, when possible, municipal day care nurseries and subsidized day care facilities should be utilized. When municipal facilities are not available, payment at the local rate for day care is made. It is the parents' responsibility to make an appropriate arrangement for child care. VRS will only assist with child care costs while the client participates in an approved program and financial assistance will not be continued once the client completes training and is employed.

From the Board's perspective, there is no conceptual reason to make a distinction among the various programs that the Board provides. For example, someone engaging in a job search assistance program that takes him/her away from home all day could be as much in need of this benefit as someone participating in a formal training or academic program.

Pursuant to the Board's commitment to reduce re-employment barriers, this type of initiative could be provided to injured workers participating in a vocational rehabilitation program in circumstances where participation in the program has increased child care costs. For example, if a worker, prior to his/her injury, worked the midnight shift, and the other parent is taking care of the child at night, and by virtue of participation in a day-time training program is now required to pay more in child care costs, the Board could provide financial assistance. If an individual is required to make special child care arrangements as a result of participation in a vocational rehabilitation program, and if such

special arrangements become a barrier to re-employment, the Board should assist with the removal of this barrier in the same way that it would in providing a worker with an assistive device.

It is proposed that the Board authorize the payment of 75% of the average provincial child care rate per child for injured workers with dependants when the injured workers are participating in an approved vocational rehabilitation program and where it can be shown that participation in the vocational rehabilitation program has increased child care costs. The Board has chosen 75% because these individuals are receiving compensation benefits and this initiative is meant only to provide additional financial assistance. After the completion of their vocational rehabilitation program, the workers would have to bear these child care costs themselves. The child care payment would be payable directly to the child care provider upon receipt by the Board of:

- a copy of the registration with a municipal or private day care facility, or
- a document signed by the care provider indicating that payment for services rendered will be treated by the care provider as income for income tax purposes.

The Board does not wish to restrict the child care choices of injured workers; municipal day care facilities, private day care facilities, family members or friends are all viable alternatives open to the worker. However, the policy would have to be circumscribed in the above manner to ensure that individuals entitled to this benefit are those for whom child care is a necessity and for whom the cost of child care is a real barrier to reintegration into the workforce.

The policy should also indicate that it is the worker's responsibility to make appropriate child care arrangements and that the Board accepts no responsibility for the child care choice made by the worker.

After this initiative has been in place for a sufficient period of time, an evaluative study should be conducted to determine the success rate of the program in removing this barrier to reintegration.

### *Recommendation*

It is recommended that:

- The use of s. 52 be expanded to provide the payment of 75% of the average provincial child care rate per child for injured workers with dependants when the injured workers are participating in an approved vocational rehabilitation program and where it can be shown that participation in the program has increased child care costs.

# *PART 3*

# *SERVICES FOR SERIOUSLY IMPAIRED WORKERS*

# *Chapter 13*

# *Policy development for seriously impaired workers*

Despite the innovative and far reaching initiatives the Board might take to facilitate the reintegration of injured workers into the labour market, there will always be a portion of the Board's clientele that, due to the seriousness of their permanent impairment, will face great difficulty reintegrating into the workforce. However, the Board's obligation to these workers will remain. Therefore, methods of meeting the needs of these seriously impaired workers must be developed. Proposals in this area will demonstrate the Board's commitment to a comprehensive approach to vocational rehabilitation and the reintegration of injured workers into the workforce. This chapter will identify which needs may be outstanding, and discuss how these needs may be met through policy reform.

The Board has numerous programs and services which assist injured workers. There are a number of different areas in which these benefits could be expanded to more fully meet the varied needs of seriously impaired workers and to remove as many barriers to reintegration as possible. Therefore, a review of existing policies in this area must be made.

The review will focus on home modifications, vehicle modifications, attendant's allowances, and assistive devices. The Board provides this type of assistance to severely, permanently impaired workers in order to lessen or remove any handicap that results from a work–related injury. Legislative authority for the provision of this type of assistance is found in s. 50 (formerly s. 52) and s. 52 (formerly s. 54) of the *Workers' Compensation Act*.

Section 50 funds are used when the assistance is considered a health care measure that may be "necessary as a result of the injury". Section 52 authorizes the Board to make any expenditures necessary to aid in getting injured workers back to work and to assist in lessening or removing any handicap resulting from their injuries. The broader wording of this section authorizes the Board to provide assistance that is not specifically medical in nature. Home modifications, assistive devices and attendant's allowances can be authorized pursuant to both s. 50 and s. 52, depending on whether the worker's needs are medical or non–medical in nature. However, vehicle modifications can only be authorized under s. 52 as an expenditure necessary to promote the non–medical rehabilitation of the injured worker.

The expansion of this type of assistance would mean that significantly permanently impaired workers who are not totally permanently impaired could receive much needed support. A little more than 50% of all pensioners receive pensions between 1% and 14%, and 35% of all pensioners receive pensions of between 15% and 29%. However, it is expected that it will principally be workers with significant impairments that will require this assistance.

## *Home modifications to facilitate independent living and enhance quality of life*

As stated earlier, home modifications are currently financed under two sections of the *Workers' Compensation Act*. Section 50(2) defines 'health care' in terms of recognized medical assessment and treatment modalities, artificial appliances and assistive devices, and s. 50 funds are used for home modifications that are considered health care measures.

Section 52 of the Act authorizes the Board to make any expenditures necessary to promote the rehabilitation of injured workers. Requests under s. 52 are usually considered in light of the worker's permanent impairment and the potential for the requested modification to positively affect the worker's quality of life. The current proposal is to formalize into policy the use of s. 52 to provide home modifications to facilitate independent living and enhance quality of life for workers who are not totally permanently impaired.

There are currently two policies which make reference to home modifications. One deals with facilitating independent living by modifying the home to increase the worker's ability to function within the home to the greatest extent possible. In accordance with s. 50 and s. 52 of the Act, "Where the worker is rendered totally and permanently disabled, the Board has the responsibility to ensure that there is proper access and the provision of ordinary living necessities in the worker's home". The guidelines accompanying this policy statement indicate that under some circumstances, "where entitlement under s. 50 does not fully meet the workers' need for additional home modifications, they may be extended under s. 52". Even where a worker is not rendered totally and permanently disabled as a result of the injury, the Board may authorize home modifications such as a ramp, railings, and bathroom attachments when considered to be a rehabilitation necessity.

The other policy referencing home modification states that a vocational rehabilitation plan may include modification to a worker's principal residence to facilitate homebound employment when such employment is medically and vocationally appropriate. The Board will fund home modifications to facilitate homebound employment after all other employment alternatives have been exhausted.

It is now being proposed that the Board formalize into policy the authorization of home modifications to facilitate independent living and enhance quality of life for workers who are not necessarily totally permanently impaired under s. 52. However, there must be evidence of a serious permanent impairment. Any home modifications authorized under s. 50(1)(c) would continue to be extended to totally permanently impaired workers. Requests from workers who are not totally permanently impaired or which serve a social rehabilitation purpose would be authorized under s. 52. Such a policy would not represent a significant change from past practice, but would clarify the basis for entitlement.

It can be anticipated that when the provision of such assistance becomes a matter of policy, there may be an increase in the number of home modifications authorized due to the fact that workers who previously believed themselves to be ineligible, may apply for assistance. Such a policy would thus allow the Board to meet the needs of a broader group of seriously impaired workers.

Independent living in part is the ability to function within the home to the greatest extent possible without requiring assistance to perform personal care functions and daily activities. The provision and correct use of home modifications would enable a worker to achieve a relatively independent lifestyle. A worker must have appropriate access within a residence. This is considered to include access to the necessities of daily living, for example: eating, sleeping, and bathroom facilities. As a social rehabilitation measure, this would allow access to areas of a home used for leisure, hobby and recreational activities,

for example, living rooms and the backyard. Appropriate access within a home would also include any other area utilized for ordinary living necessities, i.e., modification of a garage to provide access for a vehicle with an extended roof, or installation of an automatic door opener.

The provision of home modifications as a quality of life measure would be considered in those cases where the worker's permanent impairment prevents the worker from being competitively employed and assistance would facilitate the non–medical rehabilitation of the injured worker. The provision of home modifications would be considered a quality of life measure when such action results in lessening the effects of an individual's work–related permanent impairment, thus approximating the pre–injury lifestyle. Typically, this is considered in terms of employment. However, where the provision of home modifications would ease the adjustment to permanent impairment and support the worker in establishing homebound activities, or hobby, sport or recreational activities, requests would also be considered as a quality of life measure.

In determining a worker's entitlement to a specific modification, it is recognized that the following criteria would have to be met:

- the modification would allow the worker to carry out activities of daily living independently or reduce the amount of an attendant's allowance
- the modification would provide the worker with a safe home environment
- the modification would allow access to ordinary living areas within the house
- the modification would allow the worker to participate in family social life, and
- the modification would allow the worker to pursue or participate in a particular hobby or recreational activity.

In such cases the Board would consider a number of factors to determine necessity. For instance, in the acute phase, a lower limb amputee might require a wheelchair. However, if it were evident that this worker, once fitted with a prosthesis, would be ambulatory, home renovations would not be completed. Consequently, consideration would also be given to the following factors in determining the necessity of home modification requests:

- whether the worker has reached maximum medical rehabilitation
- whether the worker has access to the core areas of the home (i.e. bedroom, bathroom, kitchen), and
- the worker's long–term anticipated medical condition

The term 'home modification' would include, but would not be limited to, the following:

- widening of doorways
- relocating or constructing partitions
- rearranging bathroom facilities
- installation of ramps or elevating devices, and
- modification of a garage to provide access for a vehicle with an extended roof.

Typically, home modifications would be done only once because of the significant cost involved. In addition, there is often little reason for a person to relocate once they have been provided with suitable accommodation in an area with access to necessary services. While the Board does not wish to restrict the freedom of workers to choose the location of their residence, the high cost requires that there be some parameters on the authorization of home modifications on a more than once only basis. Therefore, subsequent modifications would be authorized only when relocation is necessitated by circumstances beyond the worker's control, for example:

- employment demands
- deterioration in physical condition
- residence not suitable for further modification, and
- worker requires medical/attendant care not available in present locale.

The house to be modified must be the worker's principal residence. If modification to more than one residence is requested, consideration would be given based on individual circumstances. If the worker's principal residence is a rental property, written authorization to conduct the modifications must be obtained from the owner of the premises.

Home modifications would be applied to existing structures whenever possible. If modifications to existing structures are not feasible, additions would be constructed to achieve the necessary modifications.

If modifications and/or additions to an existing structure owned by the injured worker are not practical, equivalent funds would be applied towards the purchase of a new home.

The worker would be responsible for ensuring appropriate maintenance is carried out as required. When a home modification entails installation of an assistive device, the costs associated with normal maintenance, repair and/or replacement would be the responsibility of the Board unless damage to the device was attributable to misuse or was in conflict with the warranty requirements or recommended operating instructions.

### *Vehicle modifications to facilitate independent living and enhance quality of life*

Currently, one policy addresses vehicle modification. It states that the Board may authorize vehicle modification when modification to an injured worker's personal vehicle will improve or enhance the quality of life and facilitate mobility, access and socialization within the community.

It is proposed that the Board formalize into policy the current practice of authorizing vehicle modifications to facilitate independent living and enhance quality of life for workers who are not necessarily totally permanently impaired.

It can be anticipated that when the provision of such assistance becomes a matter of policy with criteria set out, there may be an increase in the number of vehicle modifications

authorized due to the fact that workers who previously believed themselves to be ineligible may apply for assistance. Such a policy would thus allow the Board to meet the needs of a broader group of seriously impaired workers.

The provision of vehicle modifications as a quality of life measure would be considered in those cases where the worker's permanent impairment prevents the worker from being competitively employed and where vehicle modification would facilitate employment which is medically and vocationally appropriate. Vehicle modification would be considered a quality of life measure when such action results in lessening the effects of an individual's work–related permanent impairment, thus approximating the pre–injury lifestyle. Quality of life considerations would also include freedom of mobility, independent living and access. However, where the provision of vehicle modifications would ease the adjustment to permanent impairment and support the worker in establishing community activities, requests would also be considered as a quality of life measure.

In determining a worker's entitlement to a vehicle modification, the following would be considered:

- whether the modification would allow the worker to achieve mobility within the community
- whether the modification would allow the worker to socialize with family, friends, and organizations
- whether the modification would allow the worker to pursue employment outside the home, and
- whether the modification would allow the worker to pursue or participate in a particular hobby, sports or recreational activity.

Consideration would also be given to the following factors in determining the necessity of vehicle modification:

- whether the worker has reached maximum medical rehabilitation, and
- whether the worker has alternative methods of reaching the community.

Examples of vehicle modification would include, but not be limited to:

- standard to automatic transmission
- hand controls
- elevating devices
- dimmer switches
- spinner knobs
- van roof extensions, and
- special seats.

Vehicle modifications would be authorized on more than a once only basis when necessitated by a deterioration in the condition of the vehicle.

The vehicle to be modified must be the worker's principal vehicle. If modification to more than one vehicle is requested, consideration would be given, having regard for the individual circumstances.

If it were not feasible to apply vehicle modifications to existing vehicles, the equivalent funds would be applied to the purchase of a new modified vehicle.

The worker would be responsible for ensuring appropriate maintenance is carried out as required. The Board would not authorize replacement and/or repair when damage to the vehicle modification was attributable to misuse and was in conflict with warranty requirements and recommended operating instructions.

### *Assistive devices to facilitate independent living and enhance quality of life*

Assistive devices are prosthetic aids and/or attachments, equipment, and appliances specifically designed for use by the physically impaired or necessitated by the worker's impairment. Usual household items are not included in this definition.

Currently, there are three policies pertaining to the provision of assistive devices to facilitate independent living. One policy authorizes payment, pursuant to s. 52 of the Act for the provision, replacement and/or repair of sports and/or hobby related special prosthetic devices and/or attachments to workers with compensable upper and/or lower extremity amputations, where such a provision would aid in lessening the handicap, fulfil a psychological need, and enhance the quality of life.

The second policy indicates that where the worker is rendered totally and permanently disabled, the Board is responsible for ensuring that the worker has proper access to, and provision of, ordinary living necessities in the home. Although the main focus of this particular policy is home modification, reference is made to authorizing assistive devices to provide access to an area within the home.

The third policy currently in effect provides for assistive devices for employment. It is the employer's responsibility to provide a worker with an assistive device if it will enable the worker to successfully achieve a vocational objective. However, if this is determined to place undue financial hardship on the employer, the Board will pay the cost.

Over time, use of s. 52 has been expanded to include independent living aids, leisure and recreational equipment and home maintenance equipment. Requests are usually considered in light of the worker's permanent impairment and the potential for the requested item to positively affect the worker's quality of life.

It is proposed that the Board formalize into policy the current Board practice of providing assistive devices to facilitate independent living and enhance quality of life, when circumstances such as home access and return to work make it appropriate.

Independent living is the ability to function within the home to the greatest extent possible without requiring assistance to perform personal care functions and daily activities. The provision and correct use of assistive devices would enable a worker to achieve a relatively

independent lifestyle. Where medically possible, independent living would include the ability to function within the community with access to community facilities, stores, buildings, transportation, and home services. Assistive devices that would allow a worker the ability to function at home independently would be considered to be a medical necessity, authorized under s. 50(2).

The provision of assistive devices could also successfully contribute to lessening the effects of an individual's work–related permanent impairment, thus approximating the pre–injury lifestyle, and improving the worker's quality of life. Many types of leisure or recreational equipment could potentially ease the adjustment to permanent impairment and support the worker in establishing homebound activities. This type of equipment could be authorized under s. 52.

In determining a worker's entitlement to a specific assistive device, the following would be necessary:

- the assistive device would allow the worker to carry out activities of daily living independently
- the assistive device would provide the worker with a safe home environment, and
- the assistive device would reduce attendant care needs.

Also, the assistive device would allow the worker:

- to participate in family social life
- to pursue or participate in a particular hobby or recreational activity, and
- to participate in community social life.

When determining entitlement, the following would continue to be considered:

- Is the requested item designed for use by the individual?
- Does medical evidence support the advisability of the proposed activity and the necessity of the specific device?
- Would the assistive device reduce the number of hours of attendant care required?
- Would the assistive device improve the worker's ability to achieve and maintain independence in activities of daily living?
- Would the assistive device enable the worker to perform or ease the execution of a task or activity?
- Are there alternatives to the device requested which would assist in reaching the worker's goal and lessening the disability?
- Would the assistive device provide the worker with the ability to enjoy an activity or a hobby?
- Would provision of the requested assistive device/equipment restore the worker's function and expected goal regarding the activity?

The worker would be responsible for ensuring proper maintenance is carried out, as required. Costs for maintenance, normal inspection, repair and/or replacement of assistive devices authorized would be paid by the Board, unless the damage to the items supplied was attributable to misuse, or in conflict with warranty requirements and recommended operating instructions.

At present, there are special needs consultants (9) and vocational rehabilitation specialists (5) who handle cases involving head injuries, spinal cord injuries, severe burns, major amputations and various other complex and serious injuries. These positions are distinguished by virtue of the separation of their caseload by disability type. Because of the nature of their caseload, these individuals are knowledgeable about the types of assistive devices available, as well as the circumstances under which such devices would be helpful to, and therefore should be provided to, a worker. The Board should consider a system where the specialists would be available to caseworkers on a consulting basis. Caseworkers need to have knowledge about assistive devices so that they may provide this support to workers in an effective manner. Consideration of how assistive devices might aid in reducing a barrier that the injured worker faces, should be a routine component of a caseworker's workplan.

All the above policy proposals related to quality of life reflect the formalization into policy of current Board practice and simply clarify the basis of entitlement. The Board will continue to use criteria to meet the needs of injured workers. However, decisions with respect to need will be made on the basis of what is reasonable in the circumstances of each case.

### *Assistance for workers in carrying out activities of daily living – personal care allowances*

Attendant's allowances are financed under s. 50(1)(c) (formerly s. 52(1)(c)) of the *Workers' Compensation Act*. The section provides authority to make payments to workers who are permanently, totally impaired to purchase attendant care services.

The current Board policy on attendant's allowance reflects the pre–Bill 162 reality. Under this policy, the Board assists workers who are rendered "helpless" as a result of permanent total impairment in carrying out personal care activities. "Helplessness" cannot be explicitly defined because in this context there are varying degrees. A worker is considered helpless (and, therefore, in need of attendant care) if he/she requires assistance with some personal care activities, or what are more commonly referred to as "activities of daily living" (ADL). The World Health Organization considers these activities to include excretion, personal hygiene, dressing, feeding and ambulation. Therefore, a "helpless individual" ranges from an amputee who may require casual help (i.e., assistance with a prosthesis or clothing) to a quadriplegic who will require constant care (including feeding, bathing, toilet care and dressing).

Every worker who is assessed as permanently totally disabled or who, on the basis of conclusive medical evidence will be rated as 100 % permanently impaired, is evaluated for

entitlement to an attendant's allowance. The 100 % can be the result of one or more work–related injuries.

For entitlement under the attendant's allowance policy, workers are evaluated using an ADL scale developed by the Board. Attendant's allowance payments are based on the number of hours of care required for the worker and the type of care required as determined by the ADL scale. The Board recognizes three different levels of care (skilled, personal, and basic/supervisory care) and has determined different rates for each level. Workers who directly employ attendants for more than 24 hours a week register with the Board as an employer. Attendants providing care for 24 hours or more a week are considered workers under the Act and must be provided coverage. Family members providing attendant care must be covered where the 24 hours or more per week criterion is met. Entitlement and quality of care are reassessed annually, and confirmed, adjusted or discontinued as warranted.

The two rating schedules (pre–Bill 162 and post–Bill 162) measure "physical or functional abnormality or loss" differently. Section 45 of the pre–1989 Act used a rating schedule that recognized a level of permanent disability resulting from any accident that amounted to 100 per cent as total disability. The post–1989 Act currently uses the AMA rating schedule, which takes into account all relevant considerations in reaching a "whole person" impairment rating. Therefore each schedule brings different results. There are, in fact, few conditions that amount to 100%. Under the current policy which reflects the pre–1989 Act, there are too many seriously permanently impaired workers without access to attendant's allowance benefits under s. 50(1)(c).

To ensure that workers receive adequate assistance with activities of daily living, it is proposed that the Board provide a *personal care allowance* under s. 52 of the Act to a worker who sustains a degree of helplessness due to a serious permanent impairment that is not necessarily total in nature. Under the Vocational Rehabilitation Strategy, the Board undertakes to provide appropriate services to workers who have suffered a marked life disruption as a result of permanent impairment. The goal of social rehabilitation is to mitigate the negative effects that a permanent impairment can have on an injured worker's family and social life. Attendant care does "assist in lessening or removing any handicap resulting from" a permanent impairment and, therefore, falls under social rehabilitation.

Assisting workers with activities of daily living under s. 52 would ensure that workers who are rendered helpless as a result of a permanent impairment continue to receive attendant care, without restricting such assistance to only those who are totally permanently impaired. It is recognized that there are workers who are permanently, partially disabled that require some assistance with activities of daily living. If the Board were to use s. 52 as the authority to provide workers with a personal care allowance, it would no longer have to be restricted to workers with permanent total impairment. The Board could provide personal care to workers who require assistance with activities of daily living as determined using the ADL scale, without regard for the actual impairment rating. Consequently, the Board would apply the same standard it has in the past but to all permanently impaired workers.

Historically, the name of the allowance has been tied to the term used in the statute which establishes authority to provide the benefit. At one time it was referred to as a "helplessness" allowance. However, the allowance more accurately provides a worker with funds to purchase services that allows him/her to carry out ADL or "personal care" activities. Therefore, the name of the allowance payable to a worker who is rendered helpless through permanent impairment should be called a personal care allowance. In fact, five of the 10 workers' compensation jurisdictions in Canada that provide such a benefit also refer to it as a personal care allowance.

Any worker that suffers a permanent impairment could apply for a personal care allowance under this proposed policy. Each eligible worker would be evaluated according to current practice using an activities of daily living scale adapted for Board use. The amount and level of personal care would be determined by the Board based on the evaluation.

This policy could apply to a worker not yet rated for a permanent impairment but who, in the opinion of Board staff, would be determined to have a permanent impairment and would require personal care assistance.

Personal care allowances would be paid directly to the worker unless the worker directed that the allowance be paid to the person providing the care. Exceptions would also be made in those cases where there were factors present which made payment directly to the person providing the service advisable.

The Board's current policy with respect to personal care attendants as workers would remain unchanged.

In every case where a personal care allowance was paid, entitlement and quality of care would be reassessed annually, and confirmed, adjusted or discontinued as warranted. This too would remain unchanged from current policy. Thus, the only substantive change to the attendant's allowance policy would be in extending it to workers who are not totally permanently impaired.

## *Recommendations*

Except for the proposal related to personal care allowances, all proposals in this chapter reflect the formalization into policy of current Board practice and the clarification of the basis of entitlement.

It is recommended that:

1) Current practice which provides home modifications under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life, be formalized into policy.
2) Current practice which provides vehicle modifications under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life, be formalized into policy.

3) Current practice which allows assistive devices to be provided under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life, be formalized in policy.

4) The use of s. 52 be expanded to provide personal care allowances to permanently impaired workers regardless of percentage of impairment when they have sustained a degree of helplessness that has left them in need of some assistance with the activities of daily living.

It is suggested that recommendations 1, 2 and 4 be introduced after cost savings have been realized from the improved delivery of vocational rehabilitation services that accrue from this program review and the recommendations of the Task Force on Service Delivery and Vocational Rehabilitation. Recommendations 1 and 2 reflect only the formalization of current practice into policy but are expected to result in an increase in the number of modifications made due to the fact that more workers will apply for this type of assistance. Recommendation 4 represents an expansion of services and as such should be deferred. It is suggested that recommendation 3 be implemented immediately because it is a formalization of current practice into policy.

# *PART 4*

# *ADDITIONAL ASSISTANCE FOR PRE–BILL 162 WORKERS*

# *Chapter 14*

# *Targeting for success*

Section 147 (formerly s. 135) took effect on July 26, 1989. This section of the statute sets out the payment of temporary and permanent supplements. Section 147(2) states that the Board shall give a temporary supplement where a worker is likely to benefit from a vocational rehabilitation program which would help to increase the worker's earning capacity. Section 147(4) states that the Board shall give a permanent supplement to a worker who is not likely to benefit from a vocational rehabilitation program as described in s. 147(2) or whose earning capacity would not be increased as described in s. 147(2). Payments were made under these sections shortly after the effective date.

The Board is very concerned about the population of workers receiving s. 147(4) supplements. There is great hope that some of these workers may perhaps be able to realize vocational goals. The challenge is to identify a target group of workers for whom vocational rehabilitation should be reactivated because success is possible. To do this, it is important to gain knowledge of these workers through an analysis of available data.

Effective December 1991, 40,142 injured workers have received the s. 147(4) award. The disposition of these claims is as follows:

40,142
- 32,022 are still active
- 2,625 are 65 years plus
- 367 are now receiving a s. 147(2) supplement
- 202 moved to a s. 147(2) supplement
- 484 are now receiving temporary compensation
- 4,442 are not receiving any benefit types (except pension)

As of the same date, 11,175 injured workers have received a s. 147(2) award. The disposition of these claims is as follows:

11,175
- 4,765 are still active
- 36 are 65 years plus
- 2,637 moved to a s. 147(4) supplement
- 521 are now receiving temporary compensation
- 3,216 are not receiving any benefit types

Of the 4,442 injured workers who received a s. 147(4) supplement and apparently stopped receiving it, there is a possibility that some have let their supplement expire. These permanent supplements were initially set up to expire two years after the award date to allow a review of employability status. There is a large volume of reviews and potential renewals that must be made.

The following is a graphic depiction of available information about workers receiving s. 147(2) and s. 147(4) benefits.

**Figure 1A**
Section 147(4) supplement by the original award month

**Figure 1B**
Section 147(2) supplement by the original award month

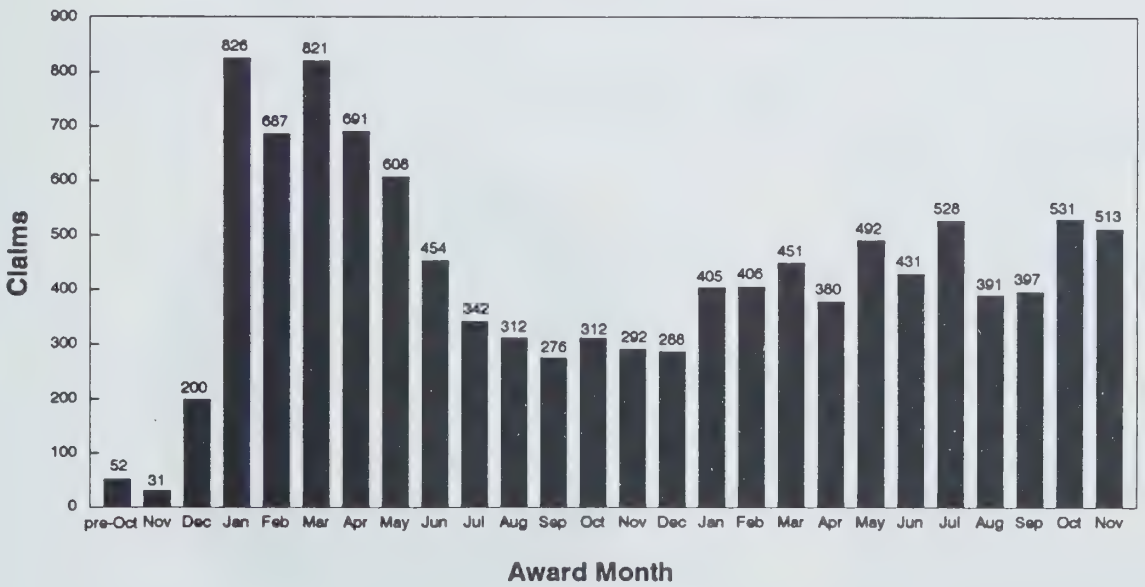
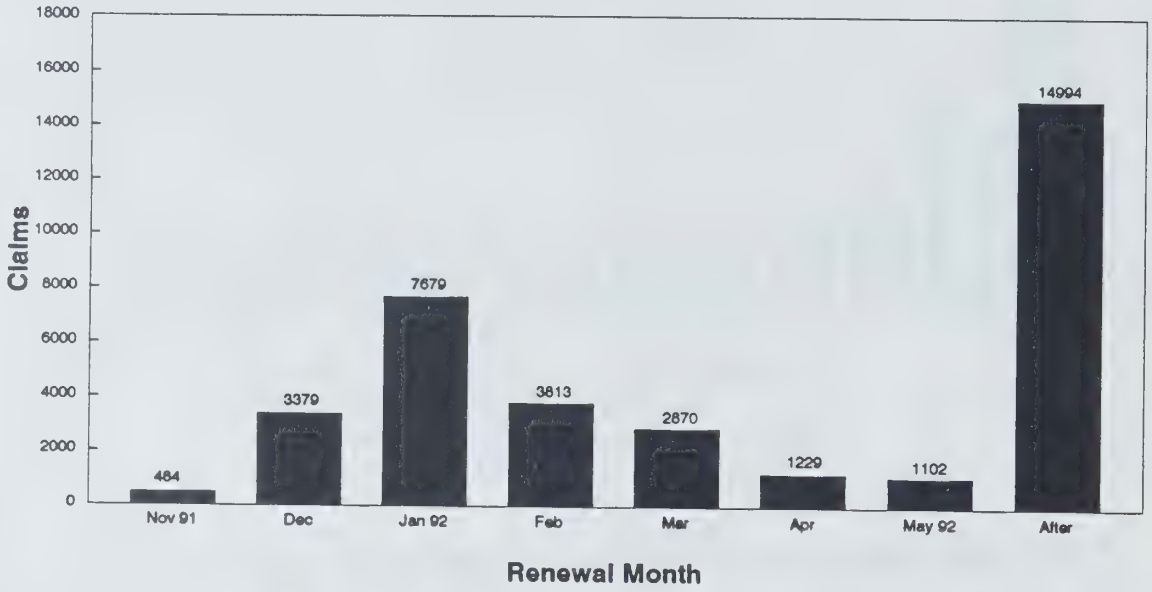



Figure 1B indicates that many of the s.147(2) vocational rehabilitation supplements originally made in late 1989 and early 1990 are continuing.

Section 147(4) awards must be reviewed and, if necessary, renewed two years after the decision to award was made. The initial influx of these awards are now coming due. The volumes of claims requiring a review of a s.147(4) award by month are shown in Figure 2.

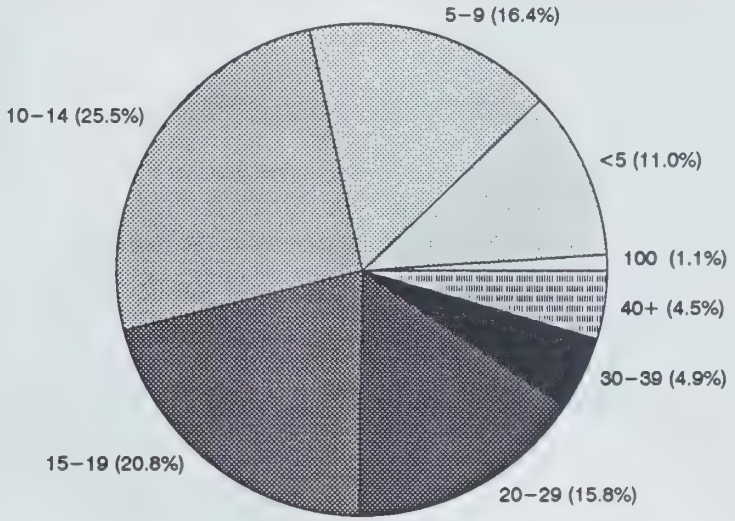
**Figure 2**
Section 147(4) benefits due for renewal



# Severity of Injury

The severity of injury to s. 147 recipients can be determined by the per cent disability rating of the pension. The disability rating is assigned by a doctor after maximum medical recovery from the injury. This rating determines the amount of the injured worker's monthly pension. The distribution of pension recipients by disability rating is compared to the distribution of supplement recipients by rating in Figure 3.

**Figure 3A**
Distribution of Active Pension Recipients by per cent Disability Rating




If the severity of injury had no relevance with respect to awarding a supplement, then one would expect to see a similar distribution of rating for supplement recipients.

**Figure 3B**
Distribution of Active Section 147(4) Recipients by Disability Rating

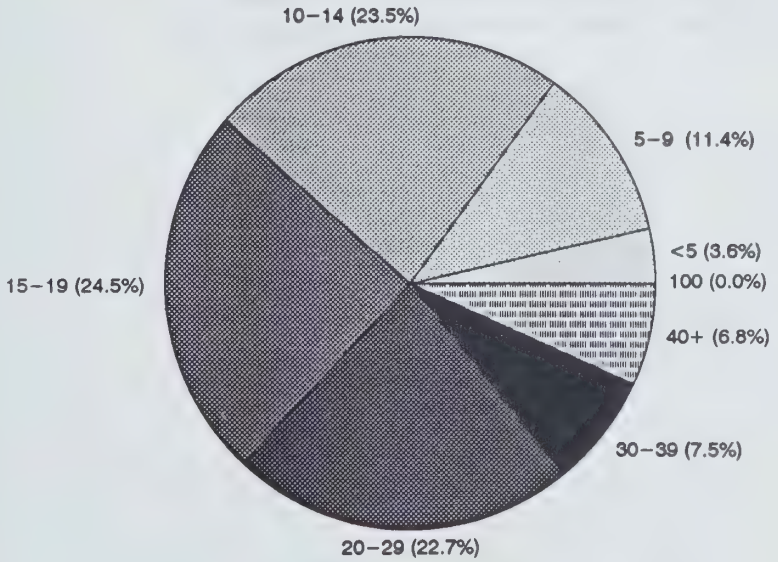
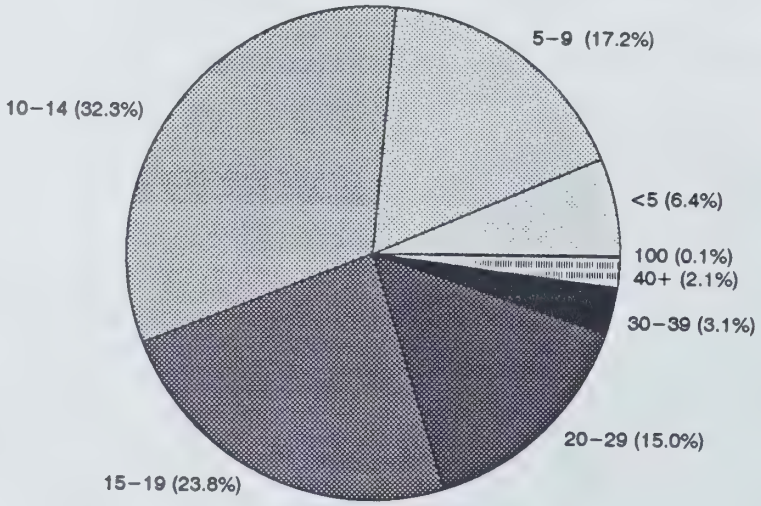



Figure 3B indicates that very few permanent supplements are given when the disability rating is less than 5%. (Injured workers who are 100% disabled are not eligible and do not receive these supplements). Any pension recipient with a disability rating less than 15% is less likely to receive this supplement than pension recipients with greater than 15%.

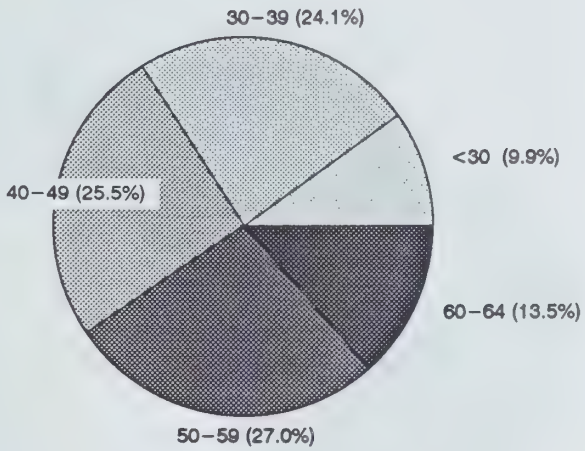
**Figure 3C**
Distribution of Active Section 147(2) Recipients by per cent Disability of Pension



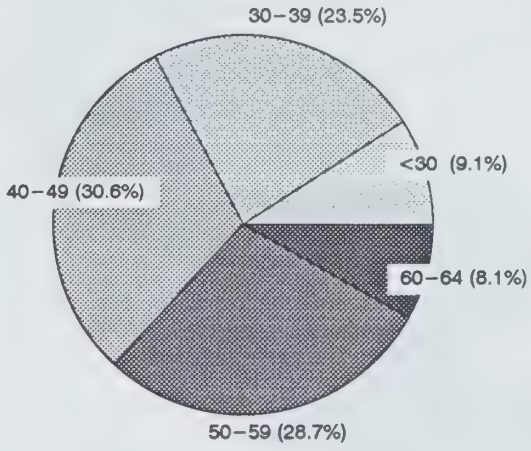

Comparing Figure 3C to 3A, it is apparent that although relatively more pension recipients with a rating less than 5% receive a s.147(2) supplement than a s.147(4) supplement, there is still a lower percentage in this category than there is for all pension recipients. However, there is a greater tendency for pension recipients with a disability between 5% and 15% to receive this supplement.

**Figure 4A**
Distribution of Active Pension Recipients under 65–Years–Old

Pre–Bill 162 Pension Recipients by Age




**Males 73%**

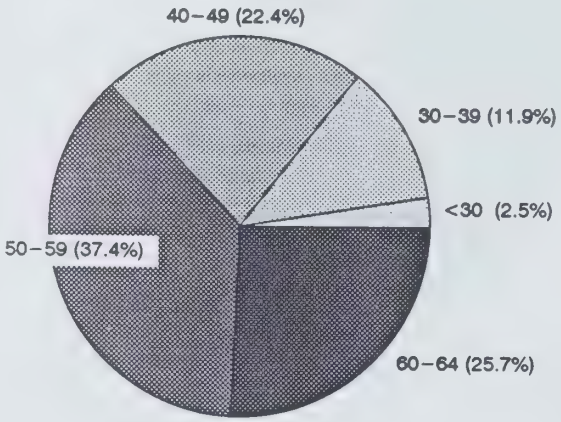



**Females 27%**

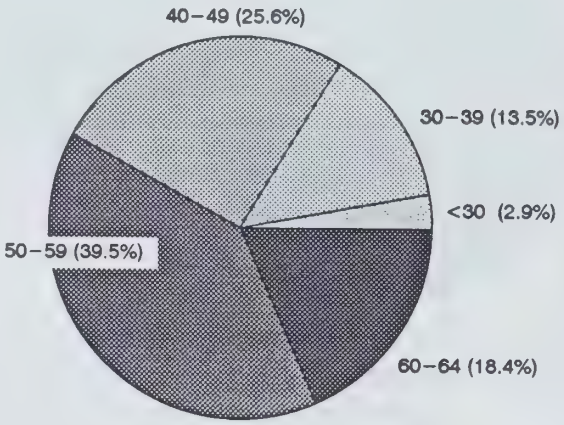
**Figures 4B, 4C**
Distribution of Supplements by Age and Gender

As expected, s.147(4) supplements have mostly been awarded to older workers while the s. 147(2) vocational rehabilitation supplements have been given to younger workers. The age represented in these figures is the age of the injured worker at the end of 1991. As 73% of active pension recipients are males, and only 70% of s.147(4) recipients are males, there are slightly fewer males receiving this permanent supplement than would be expected. The distribution of s. 147(2) recipients between gender is what one would expect.

**Section 147(4)**



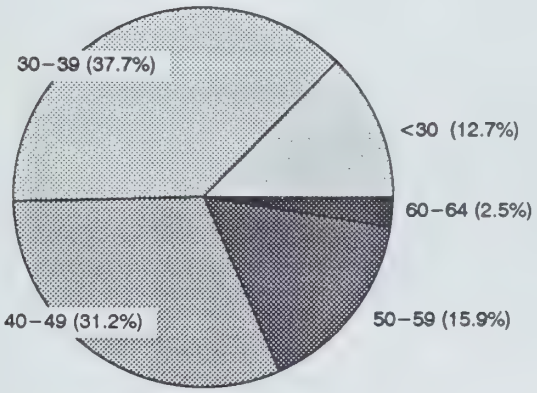

**Males 70%**



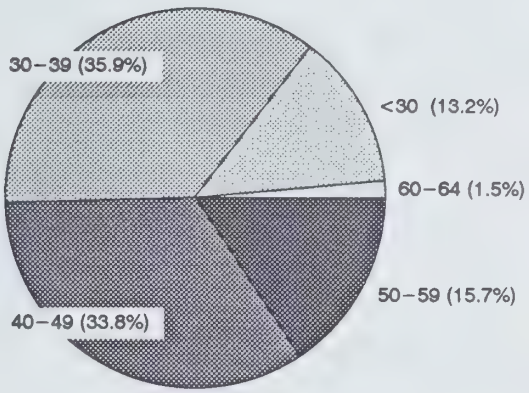

**Females 30%**

**Figures 4D**
Distribution of Supplements by Age and Gender

## Section 147(4)




**Males 73%**




**Females 27%**

**Figure 5A**
Distribution of Supplements by Pre–injury Earnings

Earnings in this figure are expressed in 1991 dollars.

Section 147(4)

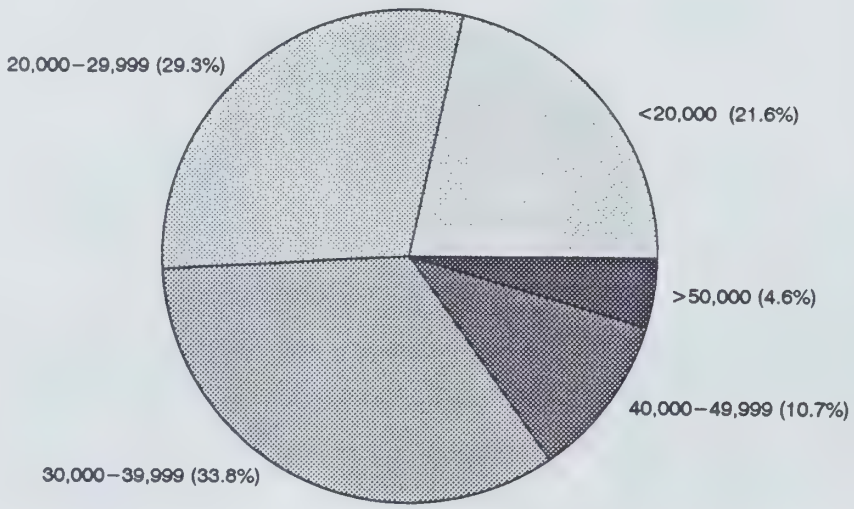
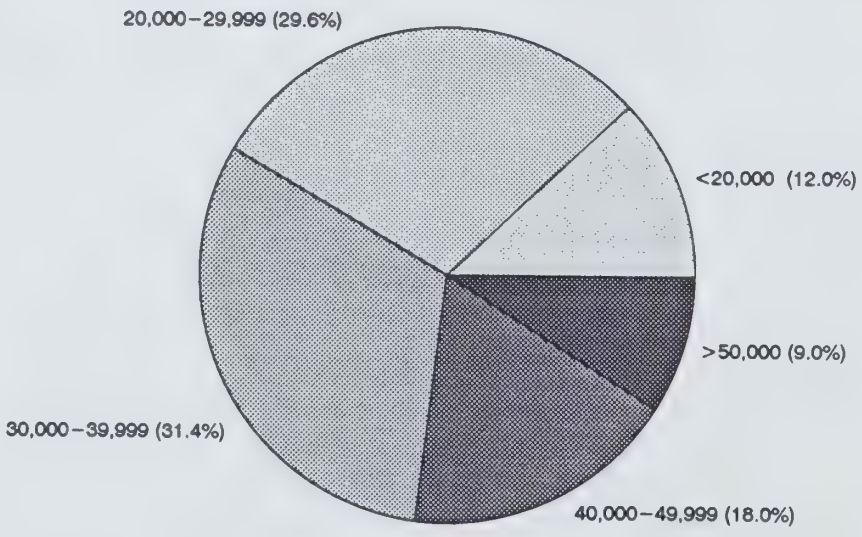



**Figure 5B**
Distribution of Supplements by Pre–injury Earnings

Section 147(2)



It is proposed that cases with an accident date of greater than five years from the review date generally would not be considered for further service. As a practical matter, early intervention is not at issue. All of these cases would be at least two years post–injury. As is articulated in the Vocational Rehabilitation Strategy and generally supported within the vocational rehabilitation community, the longer the time span between the injury and vocational rehabilitation intervention, the less is the likelihood of vocational rehabilitation success. Five years is a reasonable time limit to place on such an initiative.

It is also proposed that consideration for further service would also be given only where:

- the worker has not received vocational rehabilitation; and/or
- the worker has demonstrated an interest in further vocational rehabilitation services.

It should be noted that anyone considered for vocational rehabilitation service activation through the application of the above criteria would have to meet the requirements for entitlement to benefits under s. 147(2) before additional services would be provided.

### *Recommendation*

It is recommended that:

- The Board reconsider for vocational rehabilitation services and for eligibility under s. 147(2), s. 147(4) supplement recipients who want to get back into the workforce and who have demonstrated an interest in vocational rehabilitation.

# *PART 5*

# *THE ROLE OF THE BOARD*

# *Chapter 15*

# *Who are the partners?*

In the Vocational Rehabilitation Strategy, there is considerable emphasis on partnership – a partnership of the worker, the employer, the Board caseworker, and the treating physician, if possible. The strategy established that vocational rehabilitation planning is the responsibility of this team, and that for the greatest success, the joint effort of all these participants is essential to achieve success, and continued emphasis on joint effort is an absolute necessity.

However, the question arises about exactly where the primary responsibility for the rehabilitation of injured workers lies. Does it lie with the Workers' Compensation Board? Does it lie with the injured worker? Does it lie with the employer? Does it lie with the worker's treating physician? These are important questions, and the answers will determine the basic underpinning of vocational rehabilitation efforts in the province of Ontario.

A survey of Board service delivery staff members conducted by William Johnson in 1988 as part of a larger study in progress entitled *The Determinants of Returns to Work by Injured Workers in Ontario*, reviewed the influences on return to work as perceived by Board staff. The survey showed that the top two influences are: the worker's attitude and the relationship between the worker and the employer. It indicated Board caseworkers' views that the worker/employer interaction is more important than any type of vocational rehabilitation intervention. This supports the notion that while the Board should support and assist in this important interaction, it is the worker/employer relationship that is the fundamental one.

An example of this approach emphasizing that the key participants are the worker and employer is the Hamilton–Wentworth Employment Consortium, a community development project of the Industry–Education Council of Hamilton–Wentworth. The consortium is an employer–driven collaborative partnership made up of employers, consumers (persons with disabilities), service providers, labour leaders and educators, who are organized into caucuses and meet regularly to discuss the work of the consortium.

Of interest is the fact that it is the employer and the consumer who are the focal point of this process; the other participating partners act in support of a process which helps persons with disabilities succeed in the workplace. Employers drive the process by identifying jobs that, with reasonable accommodation, are made available to persons with disabilities. Service providers send a qualified applicant(s) to the employer. That individual is given an interview and is then judged alongside all other applicants regardless of disability. Consumers report that they appreciate the employer–driven nature of the process, since this leads to actual long–term jobs instead of the short term make work placements often associated with a system run by service providers.

An important issue is raised in the literature about the so called "politics of disability". It is the view of many experts that the workers' compensation system itself can be a factor that delays recovery. For example, Pimentel (1987) states:

> When the issue of workers' compensation becomes the centre of attention, everything is seen from the perspective of its affect upon the claim. The

> emphasis on what the injured worker "can't do" feeds into the disabling process. The emphasis upon the injured worker's inabilities often makes it difficult for the individual to perceive his or her own abilities.

Some vocational rehabilitation programs in other jurisdictions have adopted the model that encourages workers to focus on their capabilities instead of their disabilities. Under this type of model a vocational rehabilitation caseworker acts as a facilitator and consultant; injured workers and employers are empowered to achieve jointly the vocational rehabilitation goals they have established for themselves.

Of course, the Workers' Compensation Board has vocational rehabilitation personnel who are experts, who are knowledgeable and who have access to a considerable amount of information that can support and sustain the development and execution of a vocational rehabilitation plan. Some of the proposals in this program review will, if adopted, increase the expertise and access to information of these capable staff.

What these staff do not have, however, is intimate knowledge of the pre–accident workplace and work relationship between the worker and the employer. Though this knowledge can be accumulated in the course of a lengthy intervention by the Board in a case, the knowledge base will never match that of the worker and the employer.

Similarly, the worker's treating practitioner is another knowledgeable expert who has a great deal to offer to the vocational rehabilitation process. The treating physician usually has a history of treating and caring for the injured worker, and can assess the current injury in the context of the worker's overall health status history. Vital information about physical capabilities and medical condition are the primary responsibility of the treating physician. And because of the great trust that a patient has in his or her physician or chiropractor, the advice and counsel of the practitioner is instrumental in the worker's and the employer's decisions about the return to work.

However, the treating practitioner, like the Board caseworker, has limitations on what he or she can contribute. No matter how much personal effort the practitioner puts into the rehabilitation of the worker, he or she is unlikely to have the detailed knowledge of the pre–accident workplace, nor is it likely that he or she will have intimate knowledge of the physical demands of the patient's work or other suitable work that is available.

An observation from recent Board vocational rehabilitation interventions is instructive. In the majority of cases in the period of 1990 to 1991, workers received three to four months of vocational rehabilitation service from the Board, and then went back to work with the accident employer with no accommodation. This is an exceptional finding, since it is not apparent what the vocational rehabilitation intervention added to the process.

However, there are two possible reasons for the Board's intervention in these sorts of cases. First, the intervention may have actually prevented the worker's earlier return to work by engaging the worker in apparently non–productive vocational rehabilitation. Second, the intervention might have focused almost exclusively on brokering the eventual return to work by facilitating a dialogue between the worker and the employer.

Neither of these motivators for intervention should be promoted. The first would indicate that staff are inappropriately getting involved in cases in which there is no need to get involved. Further, staff training to assist them in identifying these cases would be indicated. Or, in both the first and second cases, an earlier dialogue between the employer and the worker – initiated by them and not the Board – could probably have produced an earlier return to work without the intervention of the Board. The Board's legislated mandate to contact the worker within 45 days of the setting up of the claim to determine the worker's need for vocational rehabilitation should be supplemented by an additional contact by the Board to the employer, to encourage the employer to contact the worker.

It is also recommended that consistent with discussions in earlier chapters about educating employers and workers about re–employment obligations and the benefits of accommodation, caseworkers use this opportunity to raise these issues.

### *Recommendations*

It is recommended that:

- A fundamental adjustment to the Board's vocational rehabilitation program be made to emphasize that the worker and the employer are primarily responsible for the rehabilitation of the worker, but that the Board must intervene, along with all other experts relevant in individual cases, to provide as much information, support, encouragement and programming to assist in the vocational rehabilitation process.
- To encourage the worker and the employer to take up their responsibilities, the Board supplement its 45 day contact to the worker with a contact with the accident employer At that time, re–employment obligations and the benefits of accommodation would be explained to the employer, as well as encouraging him/her to directly contact the worker.

# *Chapter 16*

# *Encouraging employment equity*

As part of its commitment to equality and human rights, the Workers' Compensation Board as both service provider and employer, upholds all employment equity initiatives introduced by the Government of Ontario. The Board acknowledges that there are barriers which prevent the full participation in the workplace for Aboriginal peoples, racial minorities, women and disabled persons.

The Board knows that barriers to employment also exist for injured workers. Workers with disabilities cannot be free from disadvantage while these barriers persist. The Board, as service provider and employer, is committed to employment equity for all designated group members, but for the purposes of the Vocational Rehabilitation Program Review, the focus will be to address measures aimed to re–employ injured workers.

Employment establishes a significant area in which the right to equality must be achieved. Employment represents one way in which injured workers can become full independent participants in society. This participation, however, will be dependent on whether direct and systemic discrimination is addressed. Employment equity addresses the barriers produced by both forms of discrimination. Barriers to employment include:

- stereotypes and misunderstanding about different types of disabilities and capabilities of persons with disabilities
- staffing policies which do not accurately measure the potential to satisfy requirements of a given job
- delays in delivering essential job accommodation
- inaccessibility of the worksite, including inadequate systems of transit for those who need it
- the lack of access to adequate training (Ministry of Citizenship, 1991).

The Board can promote the equitable employment of injured workers through action–oriented and creative initiatives that involve cooperation and partnership among management, union and disabled workers. These initiatives must address barriers and provide for positive measures to remove barriers and therefore advance opportunities for the employment of injured workers.

## *A model program*

Given the Board's unique role as service provider and employer, it is particularly suitable for the Board to develop a model program that addresses employment discrimination and promotes the employment of injured workers. This program could serve as a model for both public and private sector employers in the employment of injured workers. Of course, any model program contemplated by the Board must adhere to any new proposed provincial employment equity legislation.

A model employment equity program has strong potential for success. Several necessary preconditions exist which may enhance the accomplishment of such a program. For instance, the Board has a strong tradition of hiring disabled persons, both injured workers

and the community's disabled. Currently, 9.9% of the Board's employees include disabled persons (March 1992, Employment Equity Office). In addition, multi–disciplinary professionals are already employed by the Board who can facilitate the development and implementation of a model program. Any model program must be based on several important principles. These include:

(1) Commitment by Board management and staff to the employment of injured workers. The Board must adhere to the philosophy that disabled workers have a social right to competitive employment and full participation in the workforce.

(2) Participation by management, union and disabled employees must be present. A successful program is dependent on input from those who are most familiar with the issues: injured workers.

(3) Accommodation for both injured workers and persons with disabilities employed by the Board is a key requirement in the implementation of a model program.

(4) Communication initiatives that inform Board staff of the program.

(5) Incorporation of features of the Board's former Work Experience Opportunity Program (WEOP) and the Board's current vocational rehabilitation Special Work Placement Program (OP Manual 07–03–10) into the model program. Both these programs incorporate objectives previously and currently adopted by the Board: acquistion of job–specific skills in real work settings can facilitate the successful return to work of injured workers. The implementation of these objectives will be jointly developed with union representatives.

These are initial ideas. Further discussion of a model program will require consultation and negotiation with the Board's management, union representatives, disabled workers and employment equity personnel. Consultation, joint planning and implementation of a model program by all the participants will ensure a more successful model program. The challenge will be to develop a model program that achieves employment equity at all occupational levels of the organization.

## *Contract compliance*

Another measure to increase the representation of disadvantaged groups may be through the introduction of a contract compliance program. Under a contract compliance program, companies and organizations which do business with the Board would be required to fulfil certain conditions regarding employment equity in their workplace. The goal of a contract compliance program would be to enhance employment opportunities for injured workers.

Both the federal government and the City of Toronto have implemented contract programs. Details concerning these programs are included below.

Since October 1, 1986, the federal government contracts policy took effect for firms with 100 or more employees which have a contract for more than $200,000 to supply goods and services to the government (other than construction contracts and contracts for the performance of legal services). These companies are required to certify their intention to

implement employment equity should their bids be accepted. Firms not complying with these requirements have their bids disqualified. Guidelines to assist contractors in fulfilling their commitments have been published. Compliance Review Officers monitor the program on a random basis, including on site inspections. Companies that fail to comply could lose the right to bid on future government contracts (Library of Parliament, 1989).

The City of Toronto's Contract Compliance Program for City Suppliers administered through the Equal Opportunity Division took effect on July 4, 1989. The four designated groups are covered by the program: women, racial minorities, disabled persons and Aboriginal peoples. This program applies to *any* firm that provides goods or services to the City of Toronto. There are no exclusions from this program. There are two requirements for firms under the Contract Compliance Program:

1. All firms who obtain city business are required to file data on the characteristics of their workforces, including salary information within 90 days of an order being placed or prior to the completion of the order.
2. All firms who provide goods and services to the city must agree to adopt, post and uphold non–discrimination policies.

To demonstrate compliance, Equal Opportunity Workforce forms must be filed. If these forms are not filed within the 90–day compliance period, firms are no longer eligible to provide goods and services to the city. An evaluation of the city's Contract Compliance Program is being undertaken.

It is too early to determine whether a contract compliance program holds promise for affecting positive change towards the employment of injured workers. The evaluations of both the federal and the municipal contract programs may provide valuable information concerning the impact of these programs for the employment of designated groups. Issues that require further research include:

- the type of administrative structure that would be required
- methods to monitor and enforce the program
- the type of requirements for contractors that demonstrate their commitment to the employment of injured workers, i.e. filing reports that provide data on their workforces
- the number of Board resources needed to implement and monitor the program
- the level of funding to commit
- the potential for duplication with other contract programs
- the characteristics of contractors, i.e. size, location, nature of the business
- the size of the contract
- the impact of proposed provincial employment equity legislation, and
- future initiatives by the provincial government concerning procurement of goods and services

Disability groups have generally held the view that contract compliance programs are narrow in focus. Contract compliance programs are regarded as a useful complement to employment equity legislation, but ineffective in isolation (Ontario Advisory Council for Disabled Persons, 1990).

There is concern about the degree to which a contract compliance program would cover a considerable portion of the workforce. For a contract compliance program to have an impact, there is a need to determine whether the Board has sufficient numbers of employers who submit tenders where such an initiative could be regarded as effectual in establishing and securing employment opportunities for injured workers.

## *Tender advertising*

In addition, the Board could consider addressing systemic discrimination by an initiative similar to the Ministry of Government Services related to tender advertising. This requires adding an employment equity statement on all advertised tenders. The purpose of this initiative would be to visibly demonstrate support for employment equity in the Board's procurement process involving tender advertising.

The employment equity statement that would appear on all advertised tenders would read:

> In achieving the goals of employment equity, the Workers' Compensation Board intends that equitable employment practices be supported. The Workers' Compensation Board therefore, encourages you to take an active role in supporting and facilitating opportunities for the employment equity of designated groups. This includes the participation of Aboriginal peoples, disabled persons, racial minorities, and women in any employment and career advancement opportunities in your workforce.

Barriers which prevent the full participation of injured workers in the workplace must be addressed by initiatives that promote employment opportunities for injured workers, both internal and external to the Board. Potential initiatives include a model program, a contract compliance program and tender advertising.

### *Recommendations*

It is recommended that:

- The Board develop a model program that promotes the employment of injured workers through consultation with and participation of management, disabled employees, employment equity personnel and union representatives.
- Further research be undertaken to determine the effectiveness of implementing a Board contract compliance program.
- The Board consider adding an employment equity statement on all advertised tenders.

# *Chapter 17*

# *Outreach initiatives*

Once the Board has completed the development of its proposed new methods of assisting the injured worker population through the provision of vocational rehabilitation services, various outreach initiatives should be developed. Such initiatives should include a community awareness strategy, and strategies for maintaining and/or establishing positive links with community agencies and government agencies.

### *Community awareness*

The Board must develop a strategy for making the community aware of its proactive stance on reintegration and its new activities and programs.

It will be important to let the community at large know of the progressive approach the Board is taking with respect to vocational rehabilitation and the reintegration of injured workers. The Board needs to take an aggressive approach to marketing its vocational rehabilitation initiatives; to make both workers and employers aware of the services the Board provides to facilitate return to work. Additionally, agencies which work with the Board must be made aware of the wide range of professional services available through the Board.

It will also be very important to demonstrate to stakeholders that the Board is, through its new initiatives, correcting the inadequacies of the current vocational rehabilitation system.

The audience for this community awareness strategy must be broad based and include all the affected parties: workers, employers, government rehabilitation professionals and the general public.

Once the nature and extent of changes to the vocational rehabilitation program have been determined, a communications plan should be drafted to manage the dissemination of this important information.

### *Positive links with community agencies*

To maintain its proactive stance with respect to the reintegration of disabled workers, the Board must develop working relationships with the community agencies that will be impacted by the Board's comprehensive reintegration program. In some instances this will mean increasing the Board's role and strengthening membership in a particular agency. In others it will mean developing a relationship with (becoming a member of) an agency where no relationship has existed before. In still others, it will simply mean establishing a dialogue to promote information exchange. Cooperation, collaboration and commitment are the keys to this approach.

Ongoing consultation and dialogue between the Board and the agencies that have information that reflects the current needs of the disabled community, and information that reflects the latest trends and approaches in the areas of training, ergonomics, accommodation etc., is essential. These agencies can help to educate the Board and ensure a consistent and current knowledge.

Many of these agencies have developed innovative and successful programs in the area of vocational rehabilitation and the employment of persons with disabilities. An ongoing relationship with these community agencies can provide the Board with the details of these unique and creative programs, allowing the Board to potentially develop similar initiatives where appropriate.

Another benefit of this type of information sharing is that Board staff can help make workers and employers aware of the community services available to help people with disabilities succeed in the workplace. There are many aids and technological devices designed to make a job match workable. Another benefit of this type of dialogue is that it encourages individual agencies to focus on the systemic barriers faced by persons with disabilities, instead of simply their individual clients.

When organizations with a shared commitment to the employment of persons with disabilities share expertise, each organization benefits through increased quality of work, increased creativity and increased flexibility of service provision. Duplication of services can be reduced or eliminated where appropriate. Joint marketing strategies can more effectively promote community awareness of the benefits of hiring persons with disabilities. The Board must become or remain involved with community agencies across the province that represent clients and service providers.

It is proposed that the Board establish a strategy for working with these agencies, either individually or collectively. This strategy should include the establishment of an ongoing Round Table on Vocational Rehabilitation which would bring community groups together with Board operational and policy staff perhaps three times a year to discuss rehabilitation issues.

### *Positive links with government*

To maintain a proactive approach with respect to vocational rehabilitation initiatives, the Board must be aware of the most recent trends in the vocational rehabilitation literature and vocational rehabilitation experience in other jurisdictions to keep informed about what is happening with issues related to vocational rehabilitation and the employment of disabled workers in government organizations in other jurisdictions. Additionally, it is critical that the Board develop more formal and coordinated communication within the Ontario context. The Board must also develop a more formalized working relationship/dialogue with other parts of the federal and provincial governments to promote awareness of, agreement to, and compliance with, Board reintegration initiatives in the public sector.

### *Other workers' compensation boards*

A process of ongoing dialogue and consultation with workers' compensation organizations in other jurisdictions should be developed. Gaps in knowledge occur when this type of discussion is pursued on an informal basis. With such a working relationship in place, the Board can be assured of being kept apprised of the very latest in new initiatives being undertaken by other boards throughout North America.

### *Provincial government*

Dialogue must be maintained with the Office for Disability Issues at the Ministry of Citizenship, as well as the Centre for Disability and Work at the Ministry of Labour, regarding the comprehensive issue of the reintegration of disabled workers. A working relationship should be developed with staff in the Vocational Rehabilitation Services (VRS) Branch of the Ministry of Community and Social Services.

In the area of its employment equity program, the Board should liaise with the Employment Equity Branch of the Management Board Secretariat, the central government agency responsible for employment equity, as well as the Office of the Employment Equity Commissioner.

It is proposed that a formal consultation mechanism be worked out with each of the above agencies. It is proposed that a "Committee on Vocational Rehabilitation" be developed composed of representatives from provincial government agencies involved in issues of the vocational rehabilitation and employment of persons with disabilities. The committee should meet regularly to discuss rehabilitation issues.

### *Federal government*

Related to its programs in the area of job access/development, the Board should maintain a formalized dialogue with Employment and Immigration Canada (EIC) and the Employment and Immigration Commission. Because workers receiving compensation benefits are not eligible to access EIC services, this relationship would be one of information sharing only. Additionally, the Board should develop an ongoing dialogue with the Canadian Labour Force Development Board (CLFDB).

In December 1991, the CLFDB announced the development of Local Labour Force Development Boards (LLFDB). Federal and provincial governments are to have ex-officio representation on local boards. The proposed local boards will guide the planning and delivery of federal and provincial training and labour force development programs and services in local areas. The Board should seek to participate as well with the local labour force development boards. Such participation would again allow the Board to bridge efforts with an agency providing leadership in training and labour force development. For a more detailed discussion of the CLFDB and the LLFDBs, please see Chapter 9 (A training policy for injured workers) and the chapter's supplementary material.

### *Recommendations*

It is recommended that:

- The Board develop a strategy for making the community aware of its new vocational rehabilitation activities and programs;
- The Board develop and/or enhance positive links with community agencies that will be impacted by the Board's comprehensive reintegration program and more specifically:
  - establish a Round Table on Vocational Rehabilitation which would bring community agencies together with Board operational and policy staff on a regular basis to discuss rehabilitation issues
- The Board develop and/or enhance positive links with government agencies involved in the vocational rehabilitation and employment of persons with disabilities in other jurisdictions, within the federal government, and within the provincial government and more specifically:
  - establish a Committee on Vocational Rehabilitation composed of representatives from Ontario government agencies involved in issues of vocational rehabilitation and employment of persons with disabilities which meets regularly to discuss rehabilitation issues.

# *PART 6*

# *COSTING*

While many of the recommendations made in this vocational rehabilitation program review could be implemented immediately upon approval since they involve a reworking of the present system, it is proposed that those that are new initiatives, with new worker benefit costs and significant administrative costs, not be implemented until cost savings have been realized from the improved delivery of vocational rehabilitation services that accrue from this program review and the recommendations of the Task Force on Service Delivery and Vocational Rehabilitation. It is further suggested that the amount of cost savings that would have to be realized before initiating the additional programs and services proposed in this program review should be twice the amount of the new cost.

The recommendations developed through this program review will, in the short term, result in higher costs. In the long term, however, costs will decline as these initiatives have an opportunity to have a positive effect on overall program delivery. The Board's data collection will not permit isolating the cause of cost decline except in the case of reduced injury frequency. Since it is proposed that most of the new cost initiatives be deferred until cost savings have been realized, the Board is proposing to monitor overall costs, acknowledging that the reasons for changes in cost will likely be unspecified, with a view to determining when new deferred initiatives can be instituted.

Cost savings from operational improvements would be realized in both temporary total benefits and future economic loss benefits. Improved vocational rehabilitation services and service delivery will result in more workers returning to work, and sooner. This would achieve a significant reduction in the sum of temporary benefits paid by the Board. Improved service will also mean that once injured workers do return to work at real jobs of a long term nature, they will have an increase in earnings which would result in a reduction in the average future economic loss benefits paid to them.

Even relying on gross estimates of cost reductions in these two areas, the dollar savings to the Board would be considerable. For example, if the new vocational rehabilitation program reduced the duration of full temporary total benefits for each injured worker currently receiving vocational rehabilitation services by one day, this could result in a saving of **$2,432,000**. For simplicity of discussion, using an average benefit cost of $76 a day:

32,000 workers receiving service x $76 a day = $2,432,000.

The following two case examples illustrate the potential impact on future economic loss (FEL) benefits capitalized to the age of 65 based on different vocational rehabilitation interventions.

In case example 1, the vocational rehabilitation plan has been developed and implemented using effective interventions such as skills training to achieve a high paying, high demand occupation and, thereby, restore the worker's post–injury net average earnings (NAE) as close as possible to the worker's pre–injury NAE. The injured worker has the vocational interest and potential to succeed at the selected occupation.

In case example 2, the vocational rehabilitation plan has been developed and implemented using less effective interventions to achieve a low paying, low demand occupation and,

thereby, not restore the worker's post–injury NAE as close as possible to the pre–injury NAE. The worker's vocational interests and potential were not considered when selecting the low paying occupation.

Both examples are based on the following information:

| | |
|---|---|
| Date of accident | February 1991 |
| Gender | Male Injured Worker |
| Age | 26 years |
| '91 Pre–injury Gross Earnings | $18 per hr. x 40 hrs. = $720.00 per week |
| '92 escalated Pre–injury Gross | $751.68 |
| Pre–injury 1991 NAE | $551.30 week |
| Pre–injury 1992 NAE | $531.98 week |
| Net Exemption Code – 01 | |

## *Example 1*

**Initial FEL Determination with High Projected Earnings – FEL Benefit Processed March 1992**

| | |
|---|---|
| Projected Gross | $16.50 per hr. x 40 hrs. = $660.00 per week |
| Projected NAE (Deductions include CPP, UIC and Income tax) | $478.87 per week |

**FEL Calculation:**

| | |
|---|---|
| Pre–Injury NAE 1992 | $531.98 |
| Projected NAE | *$478.87* |
| Difference | $ 53.11 |
| x 90% | $ 47.80 per week x 52 weeks divided by 12 months |
| **Monthly FEL benefit** | $207.13 |

**Capitalized Value to Age 65**

| | |
|---|---|
| Devitt's Table Value | $102.64 |
| Monthly FEL benefit | $207.13 x $102.64 |
| **Capitalized Value to Age 65** (for 1992 dollars) | $21,259.82 |

*Example 2*

**Initial FEL Determination with Low Projected Earnings – FEL Benefit Processed March 1992**

| | |
|---|---|
| Projected Gross | $8 per hr. x 40 hrs. = 320.00 week |
| Projected NAE (Deductions include CPP, UIC, and Income tax) | $255.84 per week |
| **FEL Calculation:** | |
| Pre–injury NAE (1992) | $531.98 |
| Projected NAE | $255.84 |
| Difference | $276.14 |
| x 90% | $248.53 per week x 52 weeks divided by 12 months |
| **Monthly FEL Benefit** | $1,076.95 |
| **Capitalized Value to Age 65** | |
| Devitt's Table Value | $102.64 |
| Monthly FEL benefit | $1,076.95 x $102.64 |
| **Capitalized Value to Age 65** (for 1992 dollars) | $110,538.14 |

These examples illustrate that with appropriate vocational rehabilitation interventions directed toward restoring workers as closely as possible to their pre–injury NAE, significant savings can be realized. While data respecting actual cases where the comparison of effective and ineffective vocational rehabilitation for one worker is not available, there is no doubt that good vocational rehabilitation can lead to cost savings for employers and workers.

## *Financial costing of the proposals*

Information was gathered from internal sources throughout the Board and external resources. The financial costs of the proposals outlined are calculated on an annual basis. The presentation of these costs are presented in the order in which the issues are discussed in the paper.

| *Recommendation* | *Implementation* | *Cost* |
|---|---|---|
| **Part 1 Equipping Board Staff** | | |
| Operational Improvements | Provide clerical support to caseworkers immediately | No additional costs; within current budget |
| | Establish mechanism in each ISU for ongoing staff training and development immediately | No additional costs; within current budget |
| | Enhance VR computer systems immediately | No additional costs; within current budget |
| | Review capacity to deliver CJST and Job Club in each ISU immediately | No additional costs; within current budget |
| | Hold focus groups with VR staff to monitor progress in nine months | No additional costs; within current budget |
| Labour Market Information and Trends Analysis | Hire one labour market analyst immediately | No additional costs; within current budget |
| | Hiring of three labour analysts deferred* | $225,000 deferred* |
| | Link up with OTAB not possible at this time | No additional costs at this time |
| | Acquire additional information immediately | $8,000 |
| **Part 2 Intervention Strategies** | | |
| Strengthening the Vocational Rehabilitation Strategy | Revise hierarchy immediately | No cost |
| | Revise requirement for signing of VR plan immediately | No cost |

| | | |
|---|---|---|
| Ergonomics and Accommodation | Make ergonomics part of ongoing caseworker training immediately | No additional cost |
| | Have VR staff actively promote the use of ergonomics immediately | No additional cost |
| | Involve workplace parties in decisions regarding modifications to accommodate workers immediately | No additional cost |
| | Hire one ergonomist immediately | $51,000 |
| | Hiring of one additional ergonomist deferred | $51,000 (deferred) |
| Education about Accommodation | Hold accommodation seminars as soon as possible | $28,800 |
| | Develop accommodation program models immediately | $1,750 |
| | Start recognition program immediately | $12,600 |
| A Training Policy for Injured Workers | Develop policy immediately | No additional costs |
| | Emphasize training programs in vocational rehabilitation plans where appropriate immediately | No additional costs |
| | Encourage use of wage subsidies for training on the job programs immediately | No additional costs |
| | Review criteria for approving training programs immediately | No additional costs |
| | Ensure accessibility of training sites immediately | No additional costs |

| | | |
|---|---|---|
| | Provide on–line information about training programs immediately | $18,000 |
| Job Access Programs | Implement on–line Job Bank in ISUs immediately | $5,400 |
| | Linkup with Employment and Immigration Canada Job Bank data base not currently possible | No additional cost at this time |
| | Acquire additional sources of labour market information immediately | $4,100 |
| | Start local employment campaigns immediately | No additional costs |
| Encouraging Job Development | Evaluate training on the job program immediately | No additional costs; within current budget |
| | Ensure appropriate worker/job match immediately | No additional costs |
| Removing Re–employment Barriers | Providing child care assistance deferred | $292,000 deferred |

**Part 3 Services for Seriously Impaired Workers**

| | | |
|---|---|---|
| Policy Development for Seriously Impaired Workers | Provision of home modifications regardless of level of impairment deferred | $241,650 deferred |
| | Provision of vehicle modifications regardless of level of permanent impairment for quality of life purposes deferred | $360,000 deferred |
| | Provision of personal care allowances regardless of level of permanent impairment deferred | $2,500,000 deferred |

| | | |
|---|---|---|
| | Formalize current practice of providing assistive devices in policy immediately | No additional costs |
| **Part 4 Additional Assistance for Pre–Bill 162 Workers** | | |
| Targeting for Success | In current review of s.147(4) supplements, identify workers who may be eligible for vocational rehabilitation and s.147(2) benefits | No additional costs |
| **Part 5 The Role of the Board** | | |
| Who are the Partners? | Adjust vocational rehabilitation program to emphasize worker's and employer's central role immediately | No additional costs |
| Encouraging Employment Equity | Develop model program WCB with participation of management, union, disabled employees and employment equity personnel immediately | No additional costs |
| | Undertake further research on a contract compliance program immediately | No additional costs; within current budget |
| | Add employment equity statement on all advertised tenders | Minor costs for additional advertising space |
| Outreach Initiatives | Develop a strategy for community awareness immediately | No additional costs; within current budget |
| | Develop/enhance links with community agencies and establish a Round Table on Vocational Rehabilitation | No additional costs; within current budget |
| | Develop/enhance links | No additional costs; |

| | | |
|---|---|---|
| | with government agencies and establish a Committee on Vocational Rehabilitation | within current budget |

*Summary of costing*

| | |
|---|---|
| **Proposed immediate increase in administrative costs** | **$109,672** |
| **Proposed deferred increase in administrative costs** | **$276,000** |
| **Proposed immediate increase in benefit costs** | **$0** |
| **Proposed deferred increase in benefit costs** | **$3,101,650** |

These estimated cost implications are for the first year only. It is anticipated that administrative costs will decrease in years two and three due to one–time only costs associated with equipment purchases, training, etc.

# *PART 7*

# *SUMMARY OF RECOMMENDATIONS*

While many of the recommendations made in this vocational rehabilitation program review could be implemented immediately upon approval since they involve a reworking of the present system, it is proposed that those that are new initiatives, with new worker benefit costs and significant administrative costs, not be implemented until cost savings have been realized from the improved delivery of vocational rehabilitation services that accrue from this program review and the recommendations of the Task Force on Service Delivery and Vocational Rehabilitation. It is further suggested that the amount of cost savings that would have to be realized before initiating the additional programs and services proposed in this program review should be two times the amount of the new cost.

The recommendations developed through this program review will, in the short term, result in higher costs. In the long term, however, costs will decline as these initiatives have an opportunity to have a positive effect on overall program delivery. The Board's data collection will generally not permit isolating the cause of cost decline except in the case of reduced injury frequency. Since it is proposed that most of the new cost initiatives be deferred until cost savings have been realized, the Board is proposing to monitor overall costs, acknowledging that the reasons for changes in cost will likely be unspecified, with a view to determining when new deferred initiatives can be instituted.

The costs for each initiative and whether it can be immediately implemented is fully explained in the discussion paper. An indication of whether implementation is proposed as immediate (I) or deferred (D) is included in this summary of recommendations.

## *EQUIPPING BOARD STAFF*

### *Operational improvements*

It is recommended that:

- Vocational rehabilitation caseworkers be provided with clerical support through new positions such as program support clerks who would be responsible for such functions as indexing and scanning documents, photocopying and creating work files (I)
- Each ISU and regional office director establish a mechanism to support ongoing staff training and development (I)
- Enhancements to the vocational rehabilitation computer system be completed to ensure appropriate data on vocational rehabilitation is retrievable (I)
- A review of the Board's capacity to deliver effective Creative Job Search Techniques and Job Club programs in each ISU and regional office be undertaken (I), and
- Focus group sessions with staff be held again in nine months to monitor progress and determine where future improvements could be instituted (I)

### *Labour market information and trends analysis*

It is recommended that:

- Four labour market analysts be hired to monitor the labour market trends in the province of Ontario. Each labour market analyst will be responsible for one of the four geographic regions (I – one labour market analyst, D–three labour market analysts)
- The Board investigate the possibility of linking up with the Ontario Training Adjustment Board's (OTAB) data base of provincial and local labour market information. In the event the link up is not feasible, it is recommended that the Board set up an on–line data bank to organize and collate information on labour market trends and projections by industry, occupation and region. The data bank will be maintained by the labour market analysts and will be available to all vocational rehabilitation caseworkers (I), and
- The Board acquire the information sources that the labour market analysts need to monitor labour market trends in the event that the link–up with OTAB is not feasible or is in the too distant future (I)

## *INTERVENTION STRATEGIES*

### *Strengthening the Vocational Rehabilitation Strategy*

It is recommended that:

- The hierarchy of objectives be revised to reflect that an injured worker's most probable path of vocational success rests with the accident employer. Accordingly, the vocational rehabilitation objective of return to suitable work with the *accident employer* will be placed ahead of return to work with *another employer* in a comparable job (I), and
- The formality of having all parties (worker, employer, treating physician and caseworker) sign the vocational rehabilitation plan no longer be necessary but that the responsibility and commitment of each party with respect to the formulation and execution of the plan continue (I)

### *Ergonomics and accommodation*

It is recommended that:

- Vocational rehabilitation caseworkers, as part of their ongoing training, receive training in the application of basic ergonomic priniciples (I)
- Vocational rehabilitation staff actively promote the use of ergonomics as an effective intervention strategy in returning injured workers to work with both accident and new employers (I)
- Injured workers, employers, and where possible, union representatives participate with vocational rehabilitation staff, to make modifications to accommodate injured workers (I), and

- The Board hire two ergonomists whose role would include the provision of technical advice, education and consultation regarding the accommodation of injured workers to both internal and external clients (I – one ergonomist) (D – one ergonomist)

### *Education about accommodation*

It is recommended that:

- The Board hold free seminars on accommodation across the province (I)
- The Board use private companies and government departments which have established accommodation programs with their workers and unions, as models for other employers and unions (I), and
- A recognition program be developed which awards employers who take innovative measures to accommodate and reintegrate injured workers (I)

### *A training policy for injured workers*

### *1. Comprehensive training policy*

It is recommended that the Board develop a comprehensive training policy that:

- Requires that a training plan be developed as part of the vocational rehabilitation plan with the full participation of the worker, based on an assessment of the worker's individual needs and circumstances and information concerning the skills needs of the labour market (I)
- Directs that assessments/evaluations of the worker and/or worksite be carried out to identify workers' training needs (I)
- Uses training programs to achieve specific vocational objectives agreed to in the vocational rehabilitation plan (I)
- Emphasizes that in keeping with the hierarchy in the vocational rehabilitation strategy, where possible workers' training needs should be met through on the job training with the accident employer (I)
- Promotes workers' participation in adult basic education and/or on the job training programs, either on a part time and/or full time basis (I)
- Authorizes that any equipment and/or tools purchased for use in training programs become the property of students who successfully complete the program to enhance their employability (I), and
- Emphasizes that where there is employer/union involvement that the employer/union and disabled worker be full partners in the design and development of the training plan (I)

## *2. Training programs*

It is recommended that:

- Programs be selected on the basis of labour market trends information demonstrating occupational skill needs to ensure better job skills matches at the completion of the program (I)
- Approval of training programs should not be dependent on the degree of impairment but the level of skill(s) required for the identified vocational objective (I)
- Consideration be given to the special needs of older workers, workers whose first language is not English, and severely impaired workers when identifying suitable training programs (I)
- Employer based training programs be developed in integrated work settings that can provide workers with meaningful work experience, and that special efforts be made to assist employers in their knowledge of workers' disabilities, skills and capabilities, as well as the use of accommodations (I), and
- Employer based school to work transitional programs be developed that can provide workers who have successfully completed educational or vocational training programs with work experience that is directly related to the skills acquired (I)

## *3. Funding of training programs*

It is recommended that:

- Employer based programs that include the training and placement of disabled workers continue to be promoted through the use of financial incentives, such as wage subsidies (I), and
- Associated costs such as fees, books, tools, supplies, travel, aids, devices and other ongoing assistance be funded (I)

## *4. Criteria and evaluation*

It is recommended that:

- Board criteria used to approve training programs be reviewed (I)
- Current and future training programs be evaluated to determine the extent of program effectiveness on workers' skills acquisition and successful placement outcomes at completion of program (I), and
- For those training programs fully funded by the Board, reciprocal arrangements should be made with the training agency/provider to ensure that facilities are accessible and transportation be made available where distance is a barrier (I)

### *5. Information*

It is recommended that:

- An on–line data base with information on available training programs by factors such as geographic location, eligibility requirements, accommodations and accessibility, duration, etc., be made available and located in a central location with access by ISUs, regional offices, and workers (I)
- Communication materials be developed that provide workers, employers and the community, information related to training programs (I), and
- There be monitoring and resource updates on any new developments in the creation of training programs, models, community and/or employer/union initiatives and that they be communicated to the relevant staff (I)

### *Job access programs*

It is recommended that:

- An on–line Job Bank which lists job opportunities by region be established and be made available to caseworkers. The Job Bank should be frequently updated and should contain detailed information on available job opportunities, i.e. geographic location, job description specifying the required skills and physical demands, whether job accommodation is provided or required, etc. (I)
- The Board acquire the information sources (i.e. newspapers, industrial directories) that the placement advisors need to monitor actual labour market opportunities. One such source of information could be a link–up with Canada Employment Centres' Job Bank. Currently this is not possible. However, Canada Employment and Immigration is looking at the possibility of giving access to its Job Bank, for a fee, in the not too distant future (I), and
- The Board continue to develop and maintain contacts in the employer community through promotional initiatives such as seminars on accommodations (I)

### *Encouraging job development*

It is recommended that:

- The training on the job program be evaluated to determine if it is effective in securing permanent employment and that based on the findings, recommendations be made regarding the program's future scope and its promotion in the employer community (I), and
- Training be provided to caseworkers and that their caseloads be appropriately sized to ensure thorough assessments and consequently appropriate matches between job seekers and employers (I)

### *Removing a re–employment barrier*

It is recommended that:

- The use of s. 52 be expanded to provide the payment of 75% of the average provincial child care rate per child for injured workers with dependants participating in an approved vocational rehabilitation program, where it can be shown that participation in the program has increased child care cost(s). (D)

## *SERVICES FOR SERIOUSLY IMPAIRED WORKERS*

### *Policy development for seriously impaired workers*

It is recommended that:

- Current practice which provides home modifications under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life be formalized into policy (D)
- Current practice which provices vehicle modifications under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life be formalized into policy (D)
- Current practice which allows assistive devices to be provided under s. 52 to permanently impaired workers regardless of percentage of impairment to facilitate independent living and enhance quality of life be formalized into policy (I), and
- The use of s. 52 be expanded to provide personal care allowances to permanently impaired workers regardless of percentage of impairment who have sustained a degree of helplessness that has left them in need of some assistance with the activities of daily living (D)

## *ADDITIONAL ASSISTANCE FOR PRE–BILL 162 WORKERS*

### *Targeting for success*

It is recommended that:

- The Board reconsider for vocational rehabilitation services and for eligibility under s. 147(2), s. 147(4) supplement recipients who want to get back into the workforce and who have demonstrated an interest in vocational rehabilitation (I)

## *THE ROLE OF THE BOARD*

### *Who are the partners?*

It is recommended that:

- A fundamental adjustment to the Board's vocational rehabilitation program be made to emphasize that the worker and the employer are primarily responsible

for the rehabilitation of the worker, but that the Board must intervene, along with all other experts relevant in individual cases, to provide as much information, support, encouragement and programming to assist in the vocational rehabilitation process (I), and

- To encourage the worker and employer to take up these responsibilities, the Board supplement its 45 day contact to the worker with a contact with the accident employer when re-employment obligations and the benefits of accommodation will be explained and employers will be encouraged to contact workers directly (I)

### *Encouraging employment equity*

It is recommended that:

- The Board consider developing a model program that promotes the employment of injured workers. The development of this program should include consultation with and participation of management, disabled employees, employment equity personnel and union representatives (I)
- Further research be undertaken to determine the effectiveness of implementing a Board contract compliance program (I), and
- The Board consider adding an employment equity statement on all advertised tenders (I)

### *Outreach initiatives*

It is recommended that:

- The Board develop a strategy for making the community aware of its new vocational rehabilitation activities and programs (I)
- The Board develop and/or enhance positive links with community agencies that will be impacted by the Board's comprehensive reintegration program and more specifically:
    - establish a Round Table on Vocational Rehabilitation which would bring community agencies together with Board operational and policy staff on a regular basis to discuss rehabilitation issues (I)
- The Board develop and/or enhance positive links with government agencies involved in the vocational rehabilitation and employment of persons with disabilities in other jurisdictions, within the federal government, and within the provincial government and more specifically:
    - establish a committee on vocational rehabilitation composed of representatives from Ontario government agencies involved in issues of the vocational rehabilitation and employment of persons with disabilities, which meets regularly to discuss rehabilitation issues (I)

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